

Birdie Allen

Town

Died at Bethesda

County

Montgomery

MARYLAND

Date 1906 Month July Day 15

Y. M. D.

4 7

Native of

D.C.

Occupation

Age White

Age Married

Widow

Divorced

Female Servant

Single

Widower

Number of children living

Husband of Wife

X

Father's Name

Unknown

Mother's Name

Unknown

Cause of Death

Primary

Acute Enteritis

How long sick

Death

Immediate

105

3 days

Accident, Suicide, Homicide

Reported by

John A. Footh M.D.

Address

Foundling Home
Bethesda.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

DATA FORM

Sample No. 3

Sample Name _____
Date _____

PCN



Name
in
Full

Lucilla Beall

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Oakdale Town		County Montgomery		MARYLAND	
Date of death 1906	Month July	Day 28	Age 84	Months 0	Days 0
Sex Female	Color or Race White	Birthplace Md			
Occupation House-wife	Where Residing if not at place of death Oakdale				
Married, Single or Widowed	Name of Wife or Husband	John Beall			
Father's Name	Father's Birthplace Md				
Mother's Maiden Name	Mother's Birthplace "				
Name of person giving information	How related to deceased nephew				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senile Dementia

(154)

How long

2 yrs

Immediate

Exhaustion

How long

3 m

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

**E. E. Echigo
Gardnersburg**

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Infant of Robt Burrell
Died at York Chng Ches Montgj' Town
Date of death 1906 Month July Day 14 Age Years 2
Sex Male Color or Race white Birth-place Md

CERTIFICATE OF DEATH

MARYLAND

Occupation none Where Residing if not
et place of deeth ✓

Married, Single or Widowed Single Name of Wife or Husband ✓

Father's Name Robt Burrell

Father's Birthplace Md

Mother's Maiden Name Allen

Mother's Birthplace D.C.

Name of person giving Information Robt Burrell

How related to deceased Father

CAUSES OF DEATH

Primary Premature Birth (5) How long 7 mos

Immediate Exhaustion How long 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. L. Lewis

Address

Kensington

Md

PHYSICIAN
OR CORONER

Accident or Suicide? ✓



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

James Brown

CERTIFICATE OF DEATH

MARYLAND

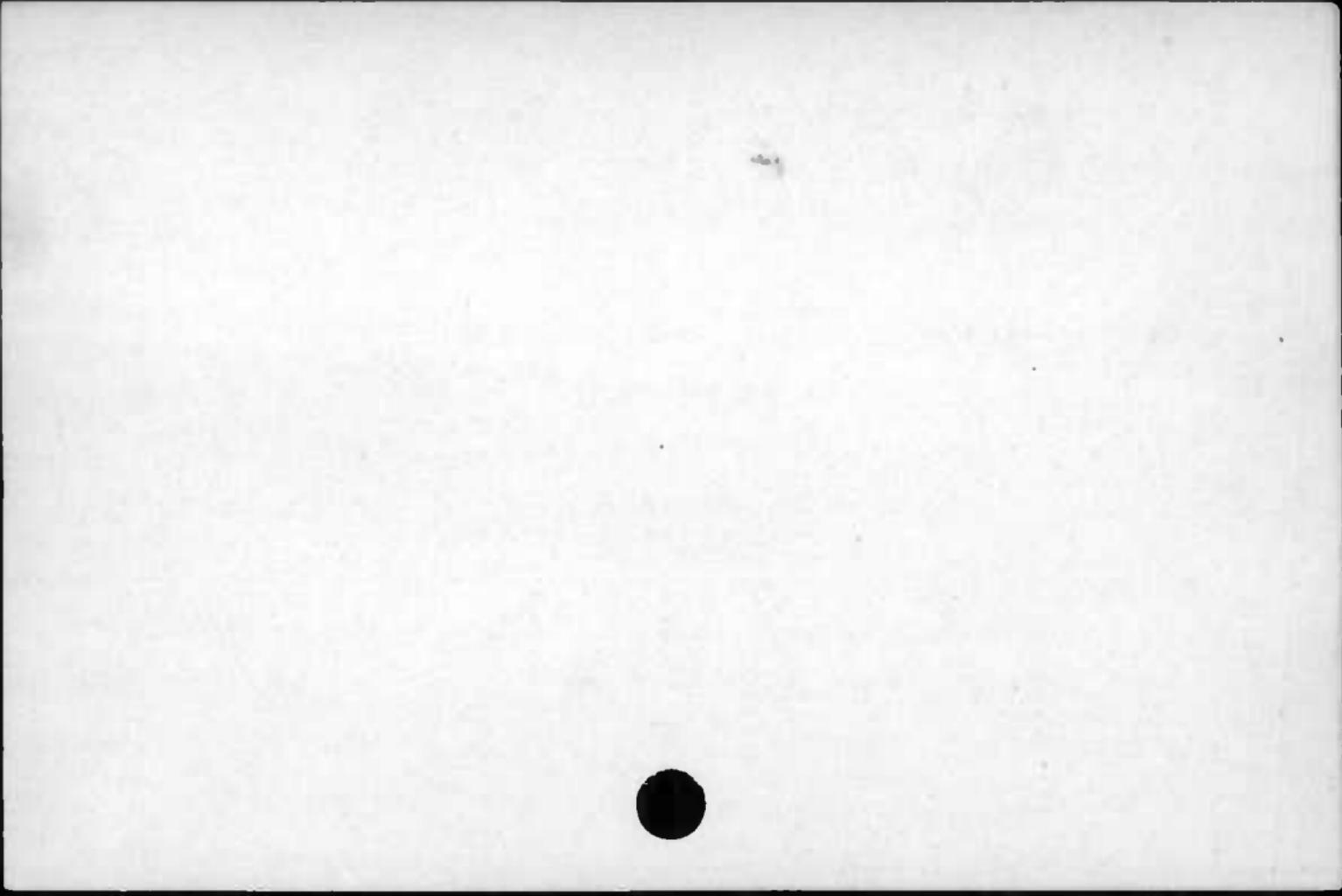
Died at	Town	County			
Died at	Mt. Rainier	Maryland			
Date of death	Month	Years	Months	Days	
1906	July	16	Age	70	
Sex	Male	Color or Race	white	Birth-place	Md.
Occupation	None	Where Residing if not at place of death	—		
Married, Single or Widowed	Widower	Name of Wife or Husband	Mary V. Brown		
Father's Name	Henry W. Brown	Father's Birthplace	Md.		
Mother's Maiden Name	Margaret Brown	Mother's Birthplace	Md.		
Name of person giving information	Jas Brown	How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Susility	How long
Immediate	Heat prostration	How long
Are the name, age, sex, color, date and place correctly given above?		3 days
yes		W. L. Lewis
		Address
		Washington
		Md.

Accident or Suicide? ✓



Name
in
Full

John W Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	93	8	9	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	✓				
Father's Name	✓					Father's Birthplace
Mother's Maiden Name	✓					Mother's Birthplace
Name of person giving information	Physician					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senile debility, 154		How long
Immediate	Senile debility		Gradual a few days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
Copy w/ L. D.	Address	J.W Chappell Towson, Md. D.C.	
Accident or Suicide?			



in
Full

TO BE ANSWERED BY

NEAREST FRIEND

CERTIFICATE OF DEATH

John Breasy

Town

Died at near Sandy Spring

County

Montgomery

MARYLAND

Died at near Sandy Spring

Month

Day

Years

79

Months

8

Days

25-

Date of death 1906 July 8

Age

Color or Race

white

Months

8

Days

25-

Sex male

Birth-place

Frederick Co.

Occupation

Farmer

Where Residing if not
at place of death

near sandy spring

Married Single
or WidowedName of Wife or
Husband

amie Eliza Kelly

Father's Name

David Breasy

Father's Birthplace

Frederick Breasy

Mother's Maiden Name

Mother's Birthplace

Mother's Birthplace

Name of person giving
Information

Sister G.W. Breasy

How related
to deceased

Sister

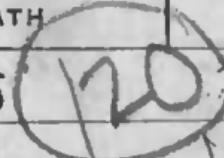
CAUSES OF DEATH

Primary

Chronic nephritis

How long

18 months



Immediate

Uremic coma

How long

2-3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Roger Breasy

Sandy Spring Md.

PHYSICIAN
OR CORONER



Name
in
Full

Rosa Brogdon

CERTIFICATE OF DEATH

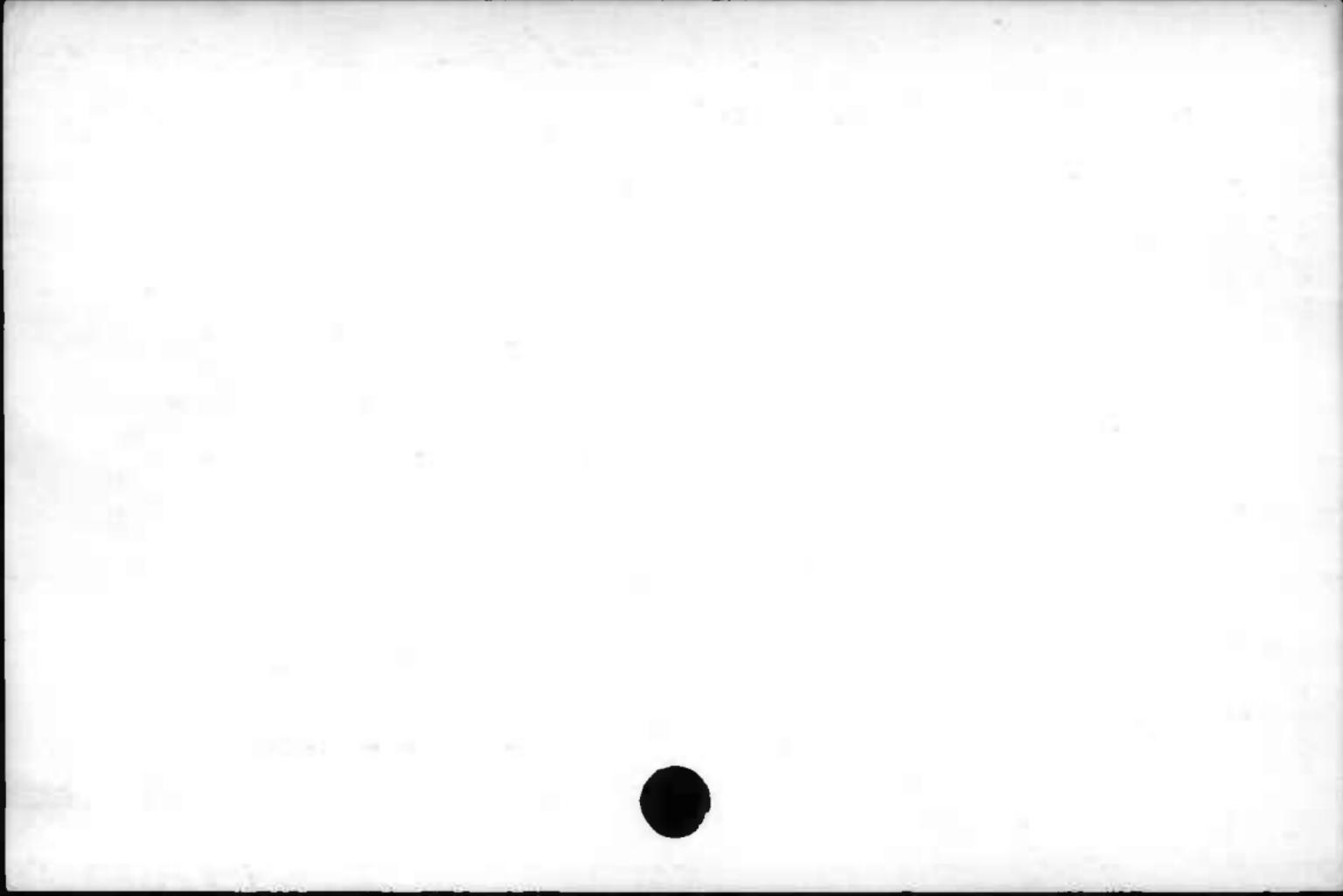
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
1906	July	25	25 -
Sex	Color or Race	Birth-place	
Female	Black	md	
Occupation	Where Residing if not at place of death		
House wife	Walter Brogdon		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	md
Single	Walter Brogdon	Birthplace	
Father's Name	Henry Huff		
Mother's Maiden Name	Rosa Huff	Mother's Birthplace	md
Name of person giving information	Walter Brogdon		
	How related to deceased Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hemorrhage Typhoid fever	How long	21 day
Immediate	Hemorrhage Typhoid fever	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. C. Battin
Yes		Address	Spencerville
Accident or Suicide?			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN *
OR CORONER

John E. Bendedt

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1906	Month July	Day 22	Years 71	Months	Days
Sex	Male	Color or Race	White		Birth-place	Maryland Co Md.
Occupation	Saddle & Harness Maker					Where Residing If not at place of death
Married, Single or Widowed	Widower		Name of Wife or Husband	Mary E. Bendedt		
Father's Name						Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving information						How related to deceased

CAUSES OF DEATH

Primary

Bright's disease of kidney

How long

one year

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

A. Deets

Address
Clarendon St. Md

Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

Regina T. Lass

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death 190	Month 6	Day 7	Years X	Months 5	Days 151
Sex	Frances	Color or Race	White	Birth- place	Wash D.C.
Married, Single or Widowed	<input checked="" type="checkbox"/>	Occupation	<input checked="" type="checkbox"/>		
Name of Wife or Husband	<input checked="" type="checkbox"/>				
Father's Name	Brucy Lass				
Mother's Maiden Name	Ethel Rose				
Name of person giving Information	Mrs. E. Lass				
Father's Birthplace	Md				
Mother's Birthplace	Md				
How related to deceased	Grandmother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Enteric Coccid.

105

How long

1 mo

Immediate

Exhaustive

x

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

O. M. Hartman
Roedville Md

Accident or Suicide?



Name
in
Full

Henry Chapman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
Died at	Wexwood		Moulton			
Date of death 190	6 July	Month	Day	Years	Months	Days
Sex	Male	Color or Race	white		Birth- place	Md
Married, Single or Widowed	Married	Occupation		Laborer		
Name of Wife or Husband	-					
Father's Name	-			Father's Birthplace		
Mother's Maiden Name	-			Mother's Birthplace		
Name of person giving Information	-			How related to deceased		

CAUSES OF DEATH

Primary

Sterility

(b)

How long

Immediate

d. m. fulteum

Are the name, age, sex, color, date
and place correctly given above?

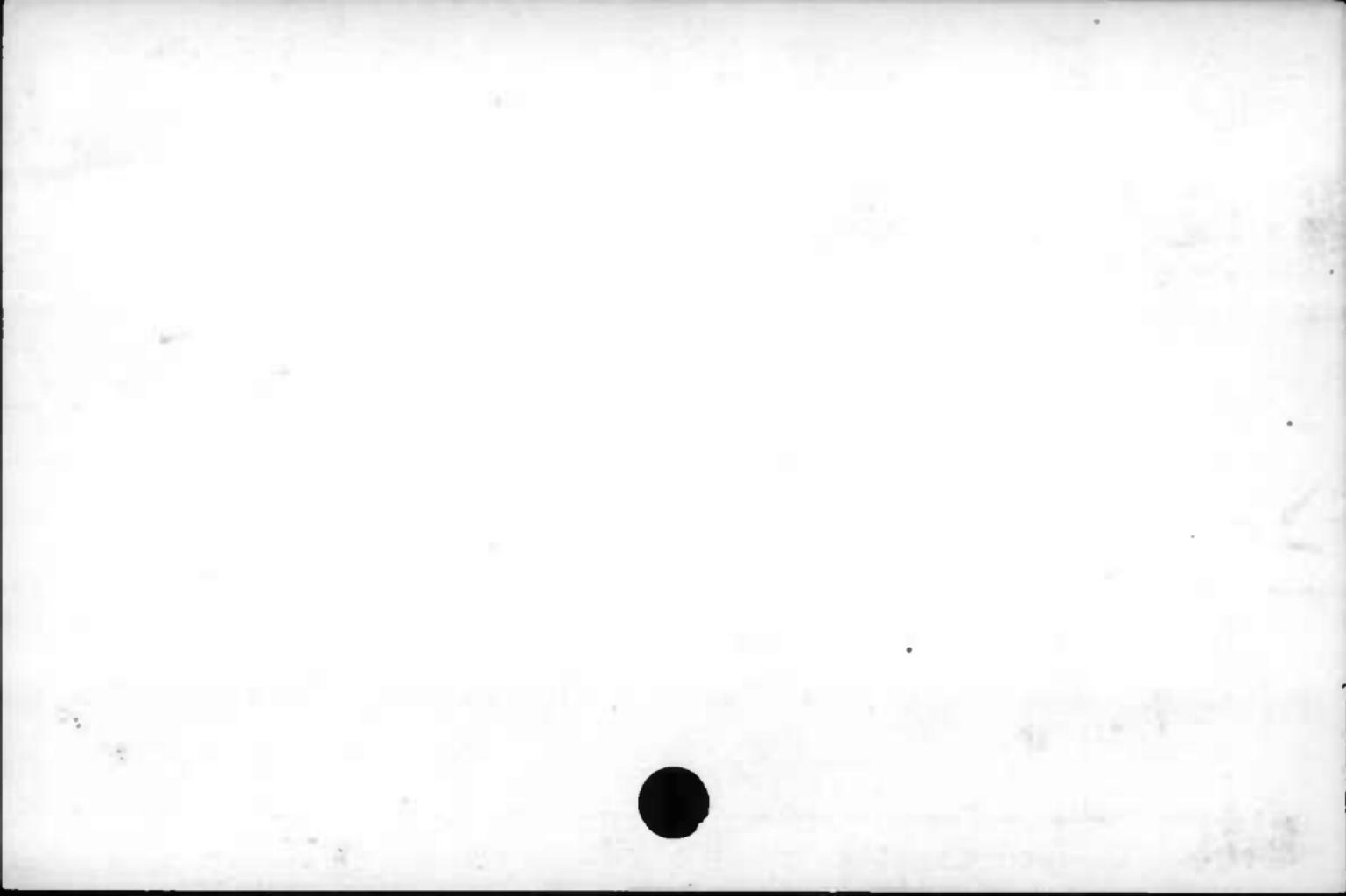
Signature of
Physician

Address

Rosedale Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Maggi Chrobott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at home Etchison	Montgomery				
Date of death 1906	Month July	Day 10	Years 20	Months 4	Deys 2
Sex Female	Color or Race white	Birth-place Carroll Co			
Occupation Housewife	Where Residing if not at place of death Frank Chrobott				
Married, Single or Widowed Married	Name of Wife or Husband Frank Chrobott	Father's Name Laurel Matthias	Father's Birthplace Howard Co		
Mother's Maiden Name Catherine Dempsey	Mother's Birthplace Howard Co	Name of person giving information Frank Chrobott	How related to deceased Husband		

CAUSES OF DEATH



PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

about 9 mon

Immediate

General exhaustion

How long

several days

Are the name, age, sex, color, date and place correctly given above?

yes

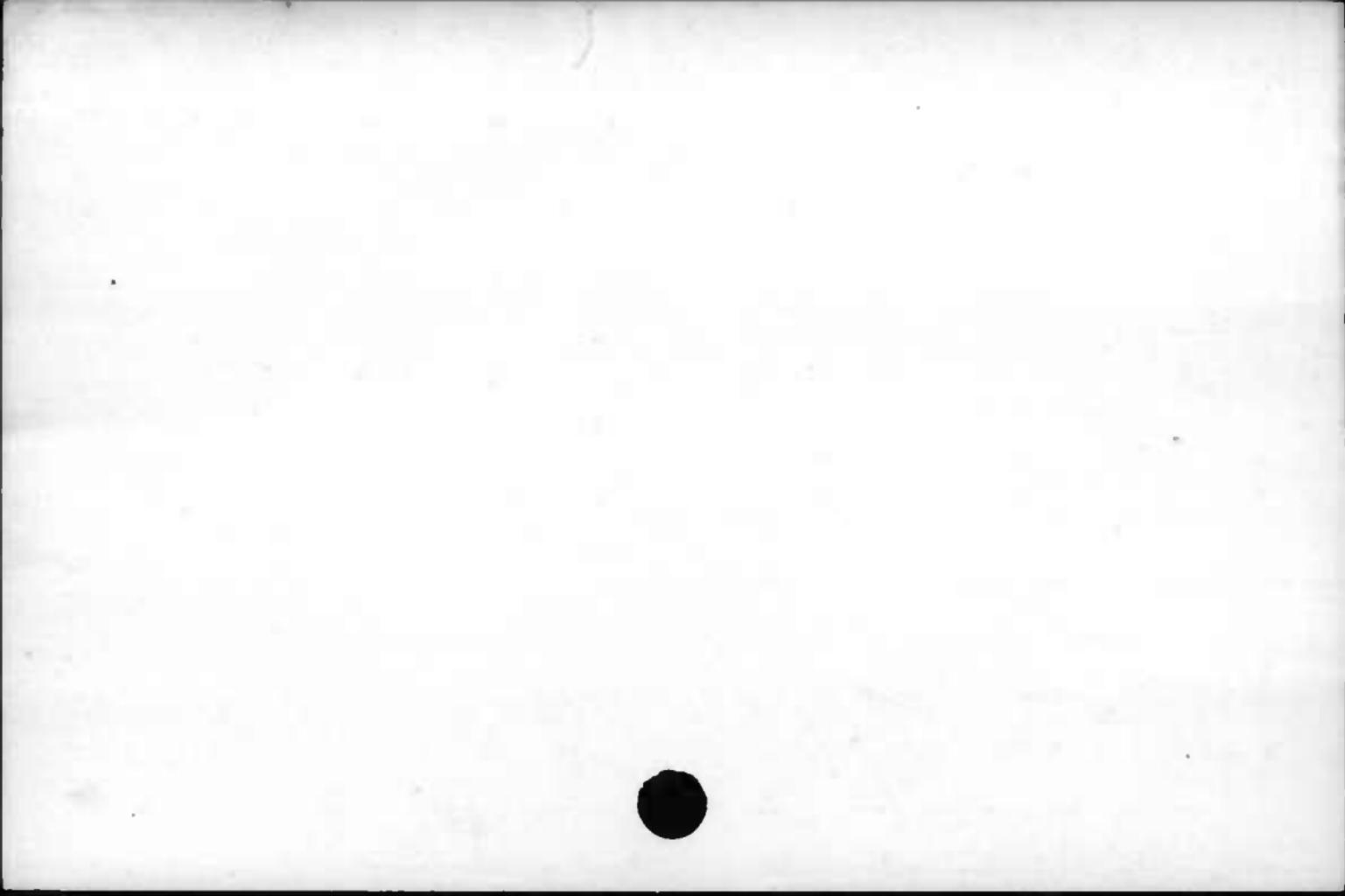
Signature of Physician

Address

W W Dyson

Raytownville Ind

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

George Clifper

CERTIFICATE OF DEATH

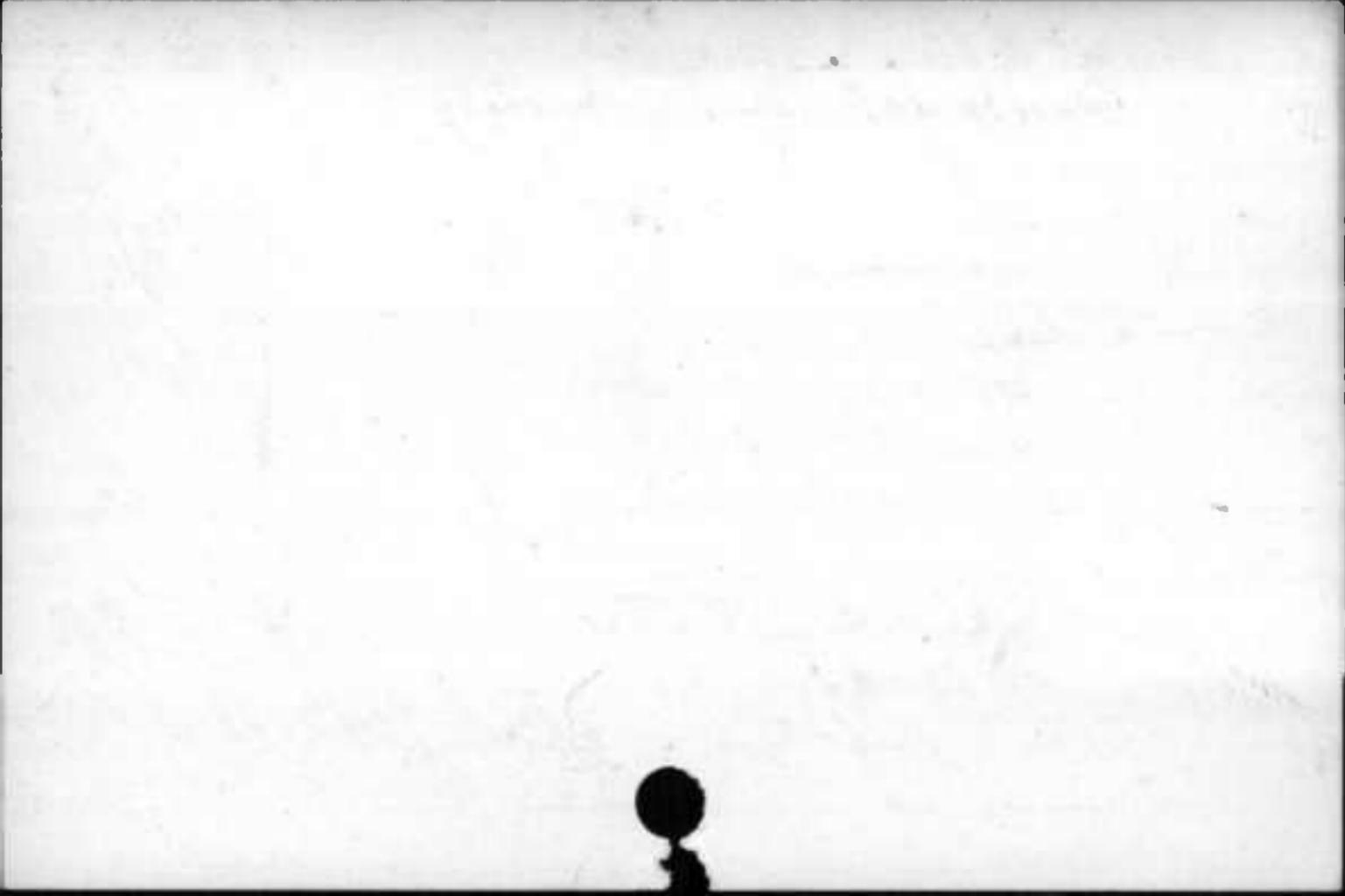
Died at <u>Seneca</u> Town		<u>Montgomery</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>7</u>	Day <u>11</u>	Age <u>38</u> Years	Months <u>-</u>	Days <u>-</u>
Sex <u>male</u>	Color or Race <u>negro</u>	Birth-place <u>Seneca Md.</u>			
Occupation <u>Farm hand</u>	Where Residing if not at place of death <u>-</u>				
Married, Single <u>Widow</u>	Name of Wife or Husband <u>Lucy Clifper</u>	Father's Birthplace <u>Montgomery Co. Md.</u>			
Father's Name <u>Gadson Clifper</u>	Mother's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Martha Gadson</u>	How related to deceased <u>-</u>				
Name of person giving information <u>Physician</u>	Age <u>27</u>				
CAUSES OF DEATH					
Primary <u>Pulmonary tuberculosis</u>	How long <u>1 yr.</u>				
Immediate <u>Asthma</u>	How long <u>-</u>				

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



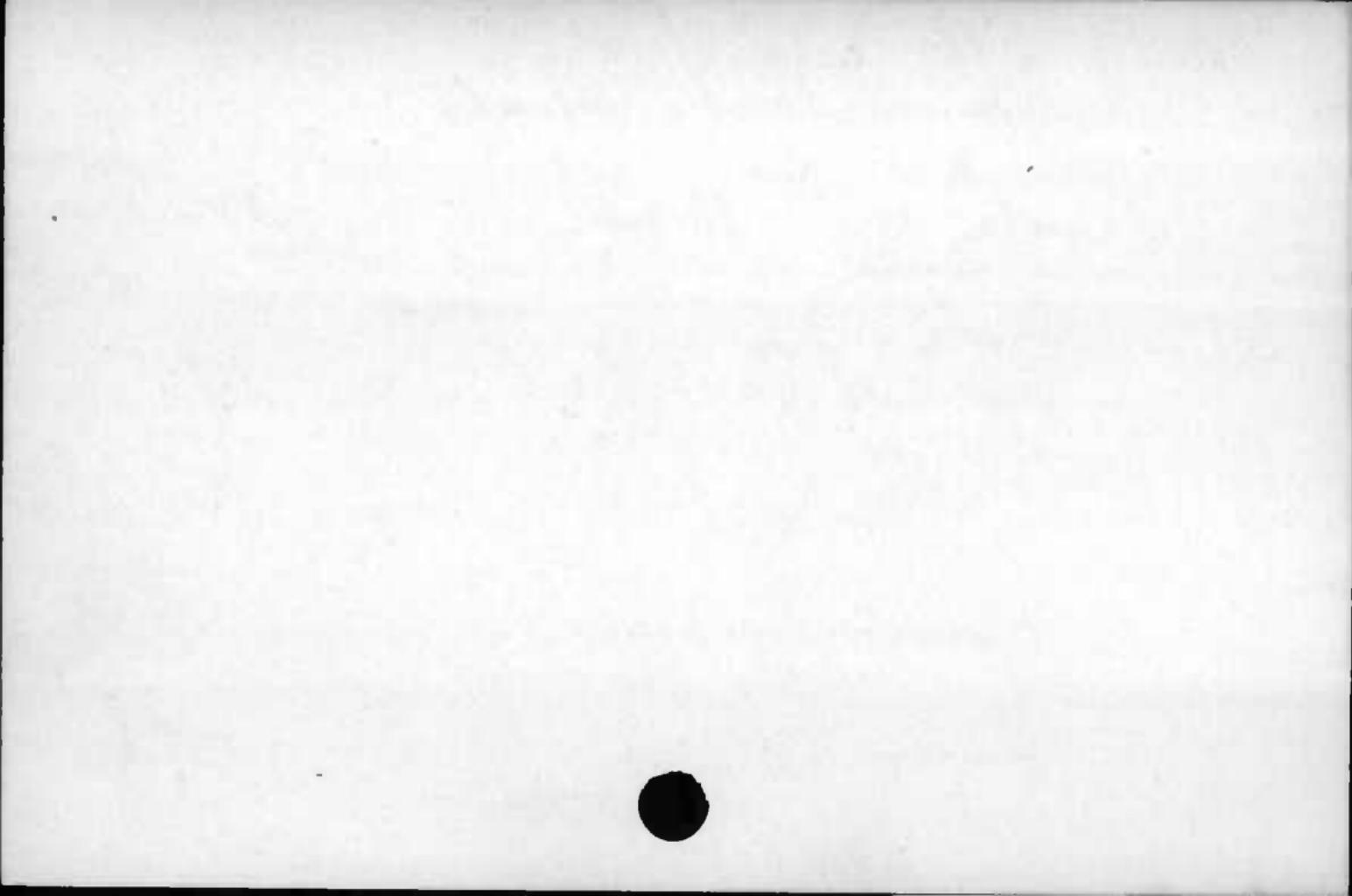
Name
in
Full

Mary Etta Crawford

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Franklinville</u>		Town	County <u>Brownsburg County</u>	
Date of death	Month	Day	Years	Months Days
1906	7	23	17	" 11 22
Sex Female	Color or Race <u>White</u>	Birth- place <u>Ind</u>		
Occupation	Where Residing if not at place of death <u>Ind</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Geo L Crawford</u>			
Father's Name <u>Geo L Crawford</u>				Father's Birthplace <u>Ind</u>
Mother's Maiden Name <u>Sarah R Case</u>				Mother's Birthplace <u>"</u>
Name of person giving Information <u>Chas. C. Crawford</u>				How related to deceased <u>Uncle</u>
CAUSES OF DEATH				
Primary	<u>Enteric fever</u> <input checked="" type="radio"/>			
Immediate	<u>Exhaustion</u> <input type="radio"/>			
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>				
PHYSICIAN OR CORONER	Signature of Physician <u>E. L. Echols</u> Address <u>Guthrieburg Ind</u>			
Accident or Suicide?				



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Roxbury</u> Town <u>Maryland</u> County						CERTIFICATE OF DEATH	
Date of death 190		Month <u>6</u>	Day <u>31</u>	Age <u>X</u>	Years	Months <u>11</u>	Days
Sex <u>male</u>		Color or Race <u>Caucasian</u>		Occupation		Birth-place <u>Dug</u>	
Married, Single or Widowed							
Name of Wife or Husband							
Father's Name <u>Sid. Day.</u>				Father's Birthplace <u>MD</u>			
Mother's Maiden Name <u>Hagan</u>				Mother's Birthplace <u>PA</u>			
Name of person giving information				How related to deceased			
CAUSES OF DEATH							
Primary	<u>Malaria with emaciation</u>				How long		<u>2 weeks</u>
Immediate	<u>Exhaustion</u>				How long		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		<u>J. M. Dunthiram</u>	
				Address		<u>Baltimore</u>	
Accident or Suicide?						<u>May</u>	



Herman. - Sawyer

Town

County

Died at

Brookville

Montgomery

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1906	July	20	Age	22	8	13	Montg Co. Laborer
Male	White		Married			Widow	Divorced
Female	Colored		Single			Widower	Number of children living

Husband
of _____
Wife

Father's
Name

Cause of
Primary

Death
Immediate

Reported by

Address

Mother's
Name

Rachel D Sawyer

How long sick
2nd week

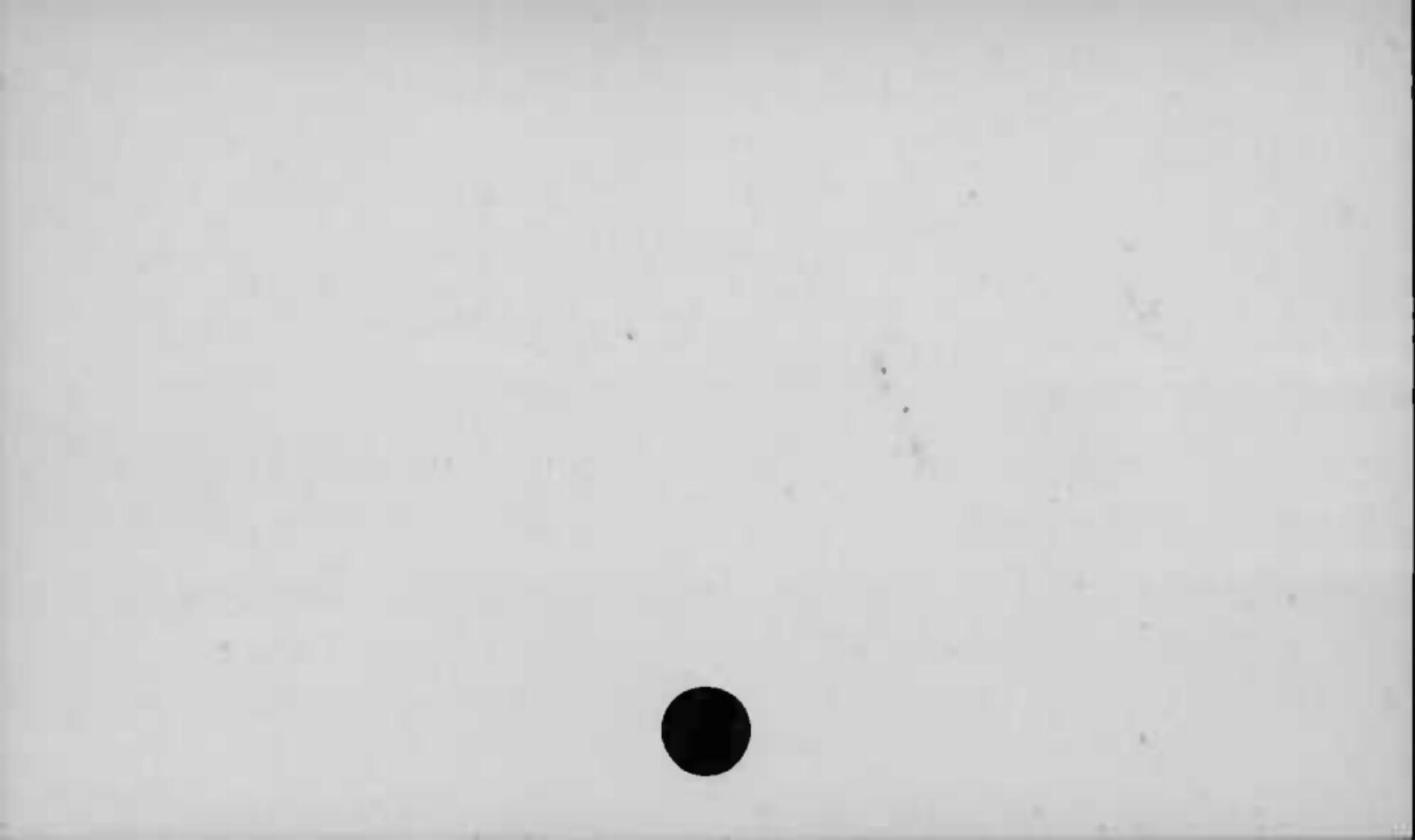
Accident, Suicide, Homicide

Dr. W. F. Green,



Brookville
Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William Diggers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Mentorah Town

County

MARYLAND

Date of death 1906 Month 7

Day 11

Years 40

Months -

Days -

Sex Male

Color or Race Colored

Birth-place

Maryland

Occupation Laborer

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or Husband

Married

Sarah Diggers

Father's Birthplace

Maryland

Father's Name Frank Diggers

Mother's Birthplace

Maryland

Mother's Maiden Name Amanda Jackson

How related to deceased

Wife

Name of person giving information

Sarah Diggers

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Struck by lightning

How long

Death instant

Immediate

Are the name, age, sex, color, date
and place correctly given above?

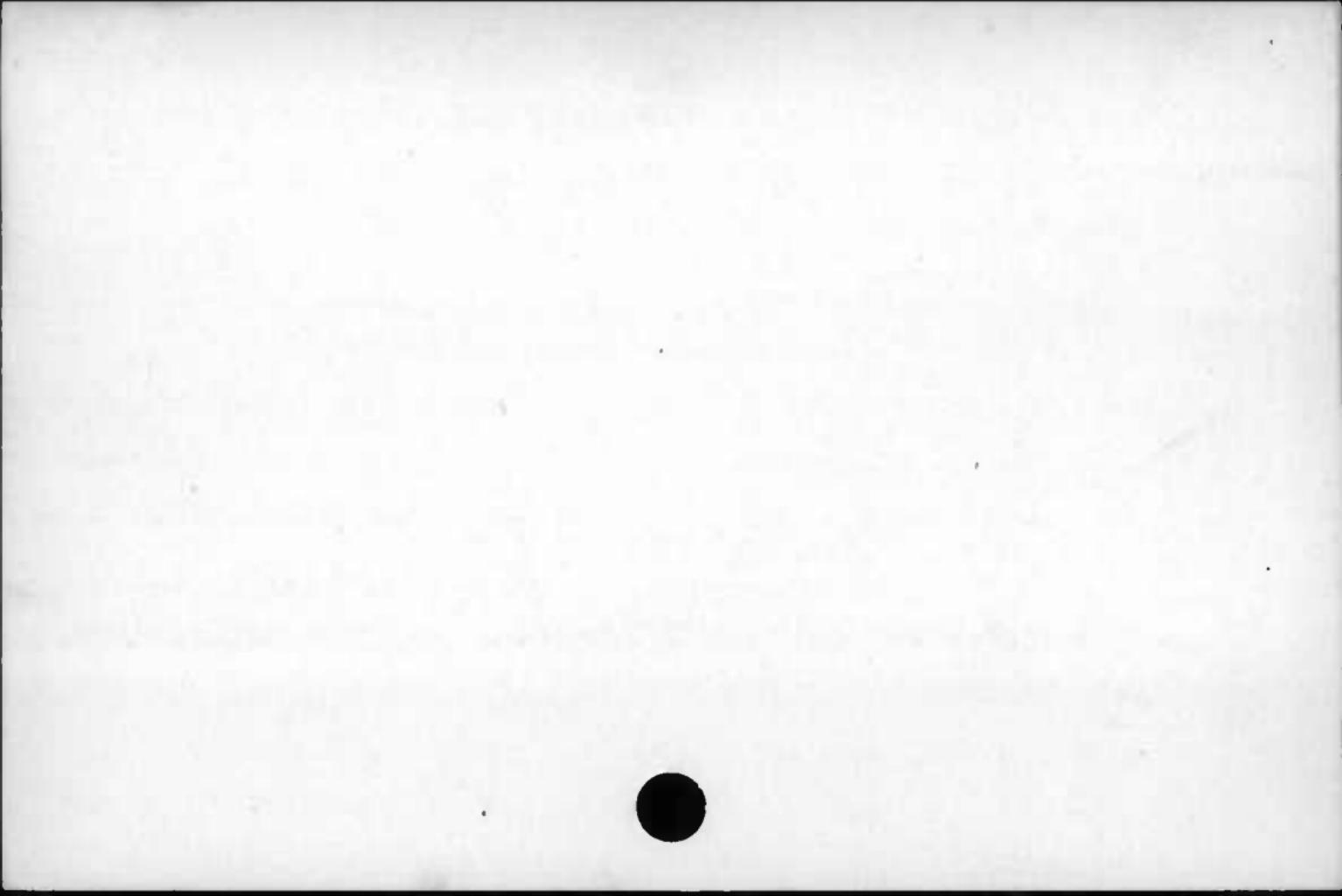
Yes

Signature of Physician

Address

Edward Anderson M.D.
Rockville, Md.

Accident or Suicide?



Name
in
Full

H. B. Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 190	Month	Year	Months	Days
Sex	Color or Race	Occupation	Birth- place	
Married, Single or Widowed	Married		Minister of the Baptist	
Name of Wife or Husband				
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving Information	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tubercular Nephritis

How long

Several months

Immediate

Uremic Poisoning

How long

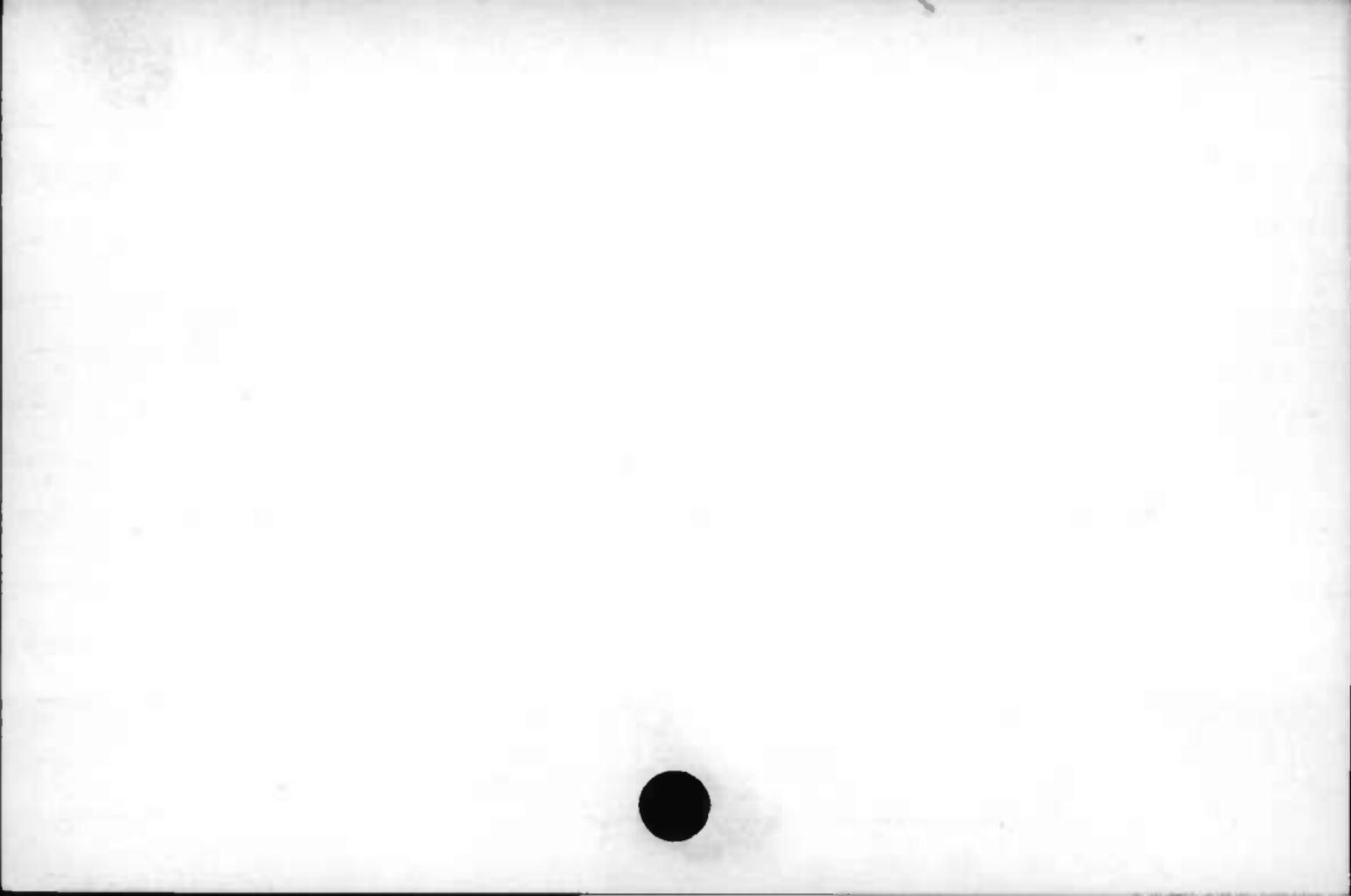
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

H. W. Smithson
Rockville, Md

Accident or Suicide?



Name
in
Full

Charles Francis Duvall

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Virliida J. Duvall	Father's Birthplace	Unknown
Father's Name	Unknown	Unknown	Mother's Birthplace	Unknown
Mother's Maiden Name	Unknown	Unknown	How related to deceased	Son
Name of person giving information	C. Scott Duval			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gastric Ulcers

How long

one year

immediate

Exhaustion

How long

10 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

E. L. Stevenson
Gaithersburg
Md

Accident or Suicide?



Name
in
Full

Ethel Marguerite Foley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Washington D.C.			
Father's Name	Malachy Foley				
Mother's Maiden Name	Marguerite Foley				
Name of person giving information	Johanna Foley				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		21	How long	4 months
Immediate	Exhaustion			How long	two days
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	B.B. Church	
			Address	Starmont Sanatorium Washington Grove Md	
Accident or Suicide?					



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Martinsburg</u> Town		County <u>Montgomery</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>July</u>	Day <u>2</u>	Age	Years	Months Days
Sex <u>F</u>	Color or Race <u>negro</u>	Birth-place <u>Martinsburg, Md.</u>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name				Father's Birthplace	
Mother's Maiden Name <u>Sarah Grandison</u>				Mother's Birthplace <u>Martinsburg</u>	
Name of person giving information <u>Martha Peters</u>				How related to deceased <u>Midwife</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Inanition

How long

How long

4 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

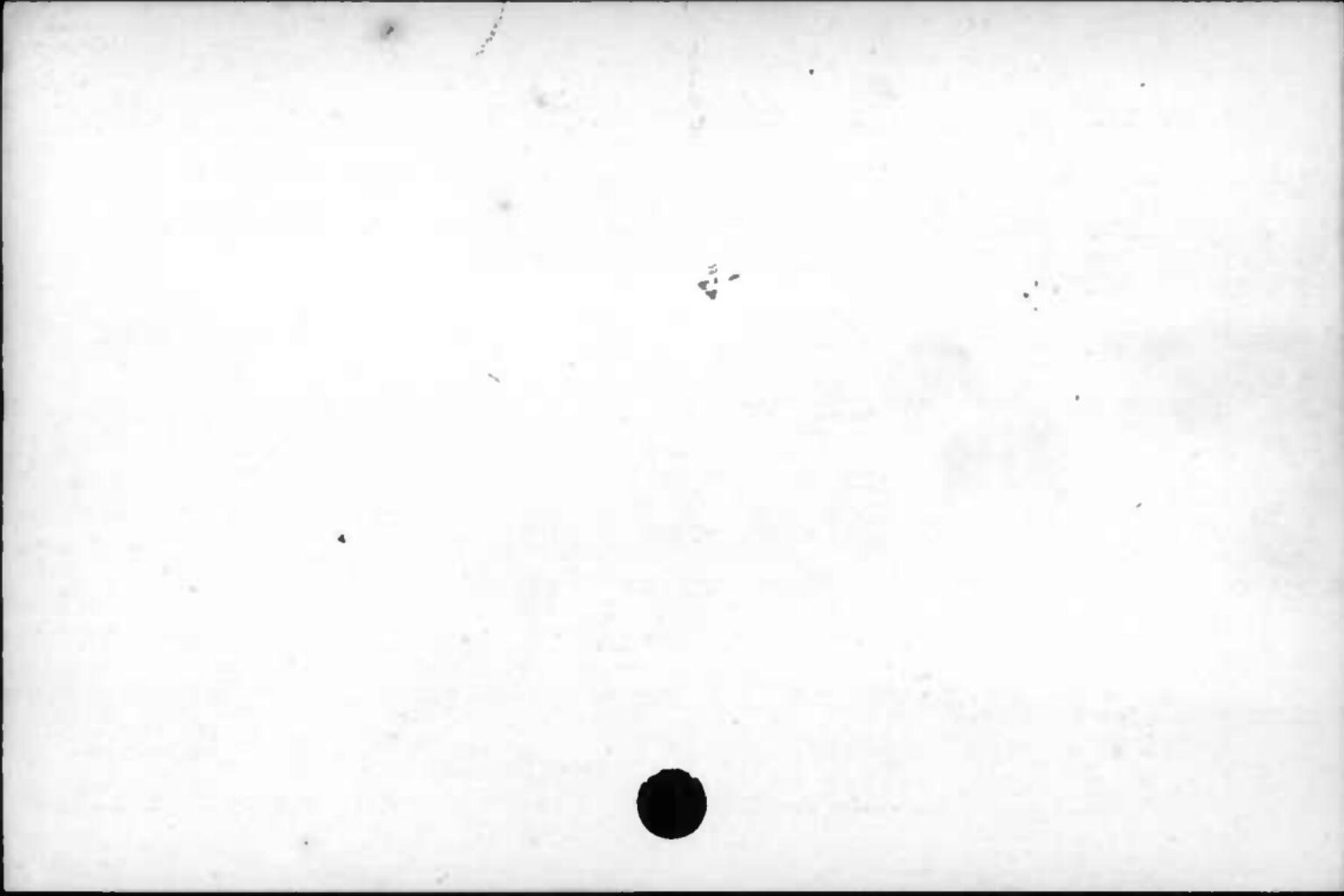
yes

Signature of Physician

Address

P. H. Galt sub. neg
Bolivarville
Md

Accident or Suicide?



Name
in
Full

William Leonard Gunerman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Year	Days
1906	July	24	21
Sex	Color or Race	Age	
Male	White	9	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	New-York City
Father's Name		Mother's Birthplace	" "
Mother's Maiden Name		How related to deceased	
Name of person giving information			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Marasmus
Convulsions

(179)

How long

3 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

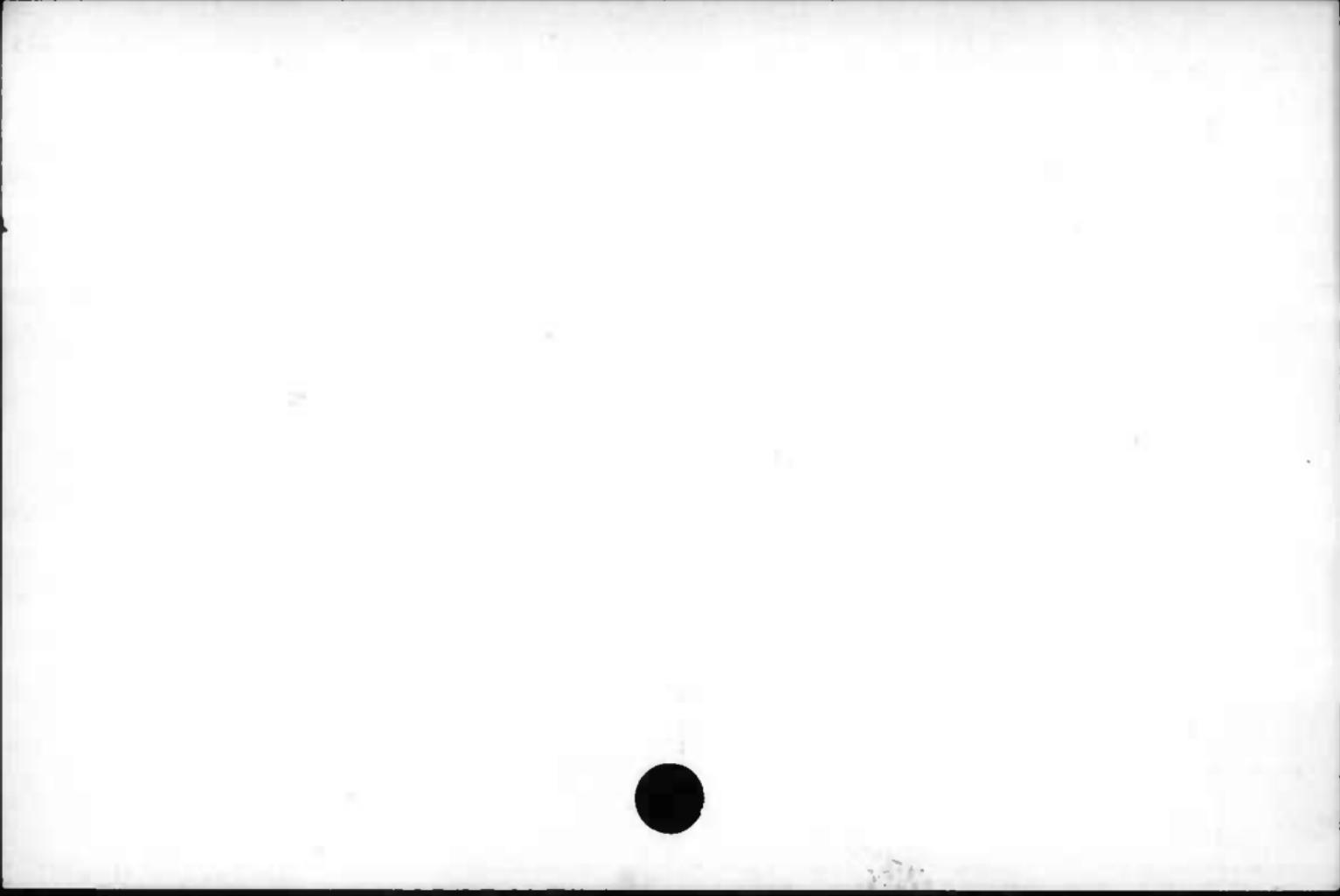
S. A. Arnold

Address

205 12th. S.W.

Obtained from S. C. Hank

Accident or Suicide?



Name
in
Full

Pashie Hardy

CERTIFICATE OF DEATH

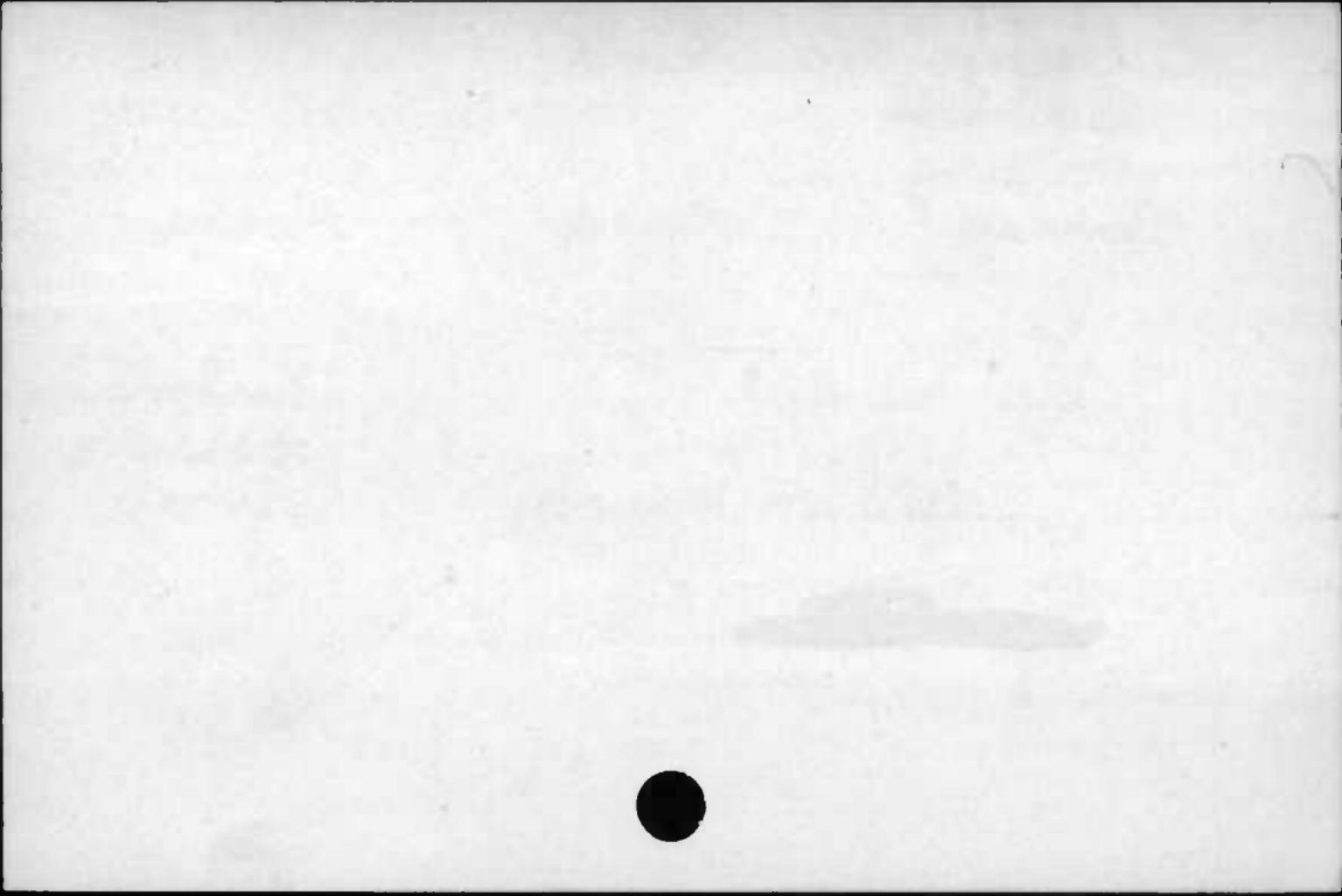
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	76		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Richard Hardy			
Father's Name	Dont Know				
Mother's Maiden Name	Dont. Know				
Name of person giving information	E. C. Keys				

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Senility	154	How long
Immediate	Heart failure		How long
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician
			Address
Accident or Suicide?		✓	



Name
in
Full

Bessie Hanshew

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	7	11	—	4	0
Sex	Color or Race	Birth-place			
Female	White	Gaithersburg			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Surmontown				
Father's Name	Md				
Mother's Maiden Name	LL				
Name of person giving Information	Father				

Edward Hanshew.

Mary Thompson

Edward Hanshew.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cholera Infantum

105

How long

1 week

Immediate

Intoxication

How long

Are the name, age, sex, color, date and place correctly given above?

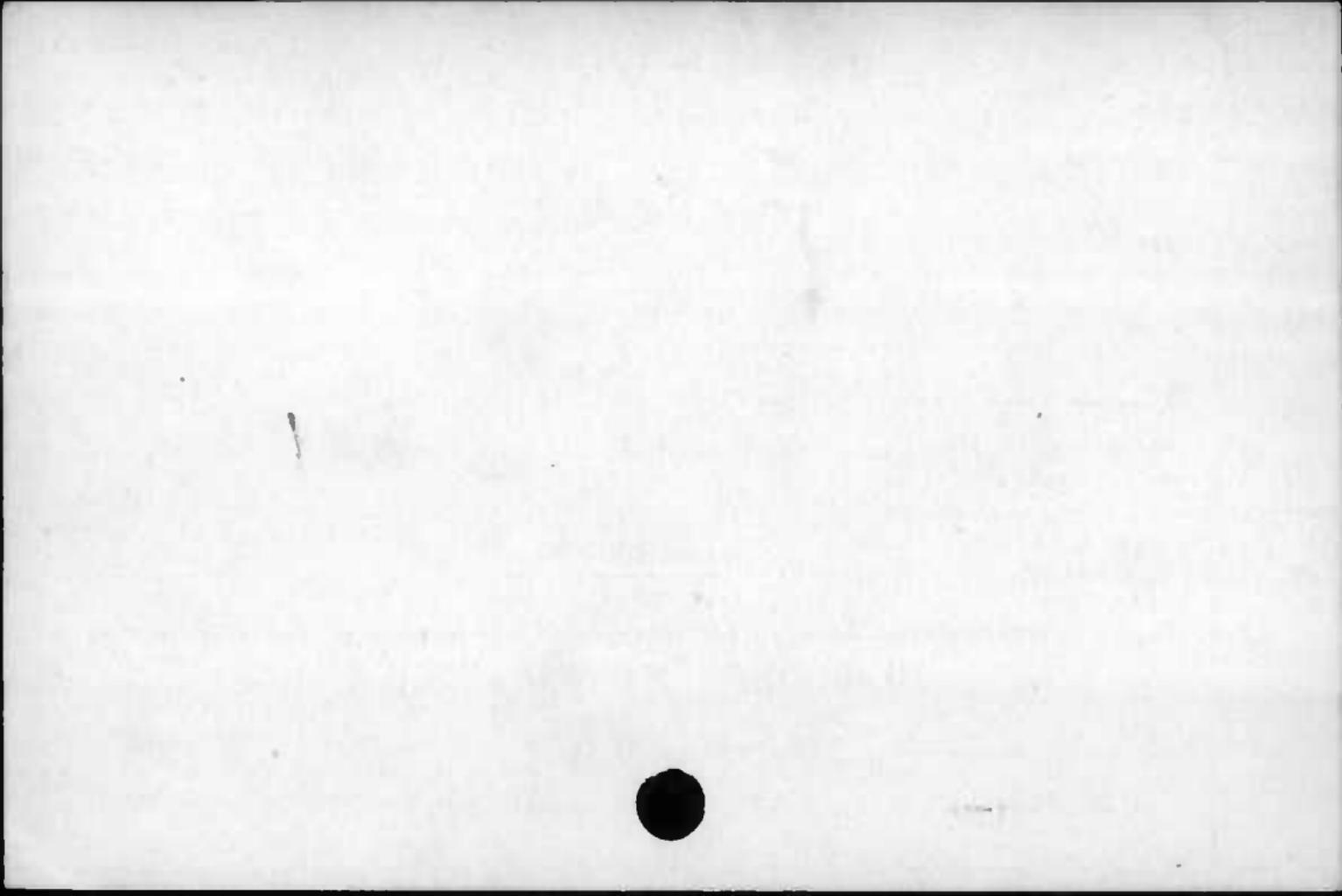
Signature of Physician

Address

M. Simpson
Surmontown

Md

Accident or Suicide?



Name
in
Full

Kate Celeste Hanshew

CERTIFICATE OF DEATH

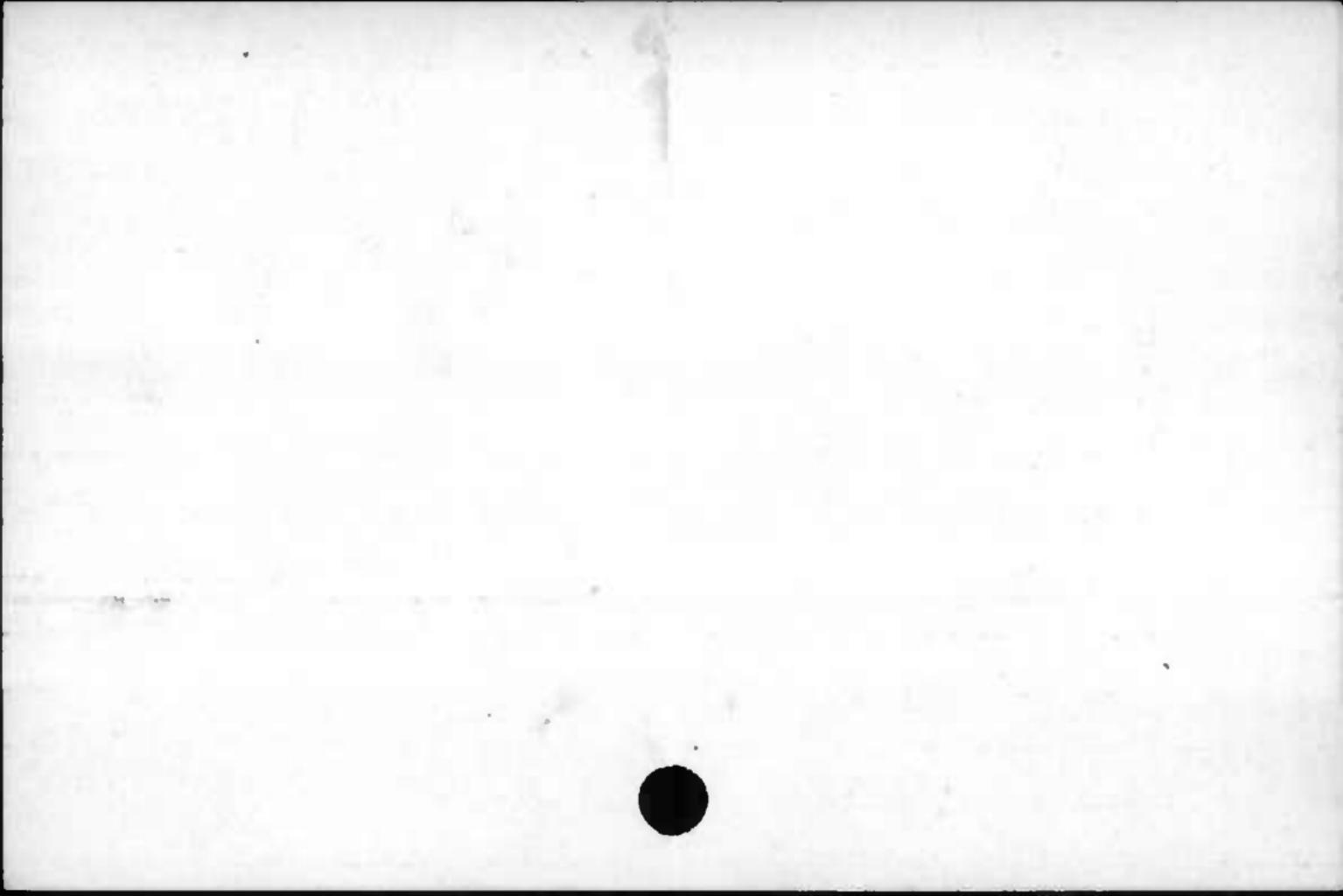
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1906	Month July	Day 11	Years	Months 3	Days 6	
Sex	Female	Color or Race	White	Birth-place	Washington D.C.		
Occupation			Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace	Frederick County		
Father's Name		Edward Marriott Hanshew		Mother's Birthplace	Washington D.C.		
Mother's Maiden Name		Kate Celeste Brewer		How related to deceased	Parents		
Name of person giving information		Mother					

CAUSES OF DEATH

Primary	Cholera Infantum		How long	7 days
Immediate	Quarantine		How long	105
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	I. J. Simmers.
			Address	Glennontown Md.
Accident or Suicide?				



Name
in
Full

E blacky's Hawkins

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Months Days
1906	July	17	6 6
Sex	Color or Race	Age	Birth-place
Female	Colored	Years	Goshen
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	11	
Father's Name	Unknown		
Mother's Maiden Name	Martha Hawkins		
Name of person giving information	William Hawkins Uncle		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

[REDACTED]

Enterovirus

(105)

How long

Immediate

11

How long

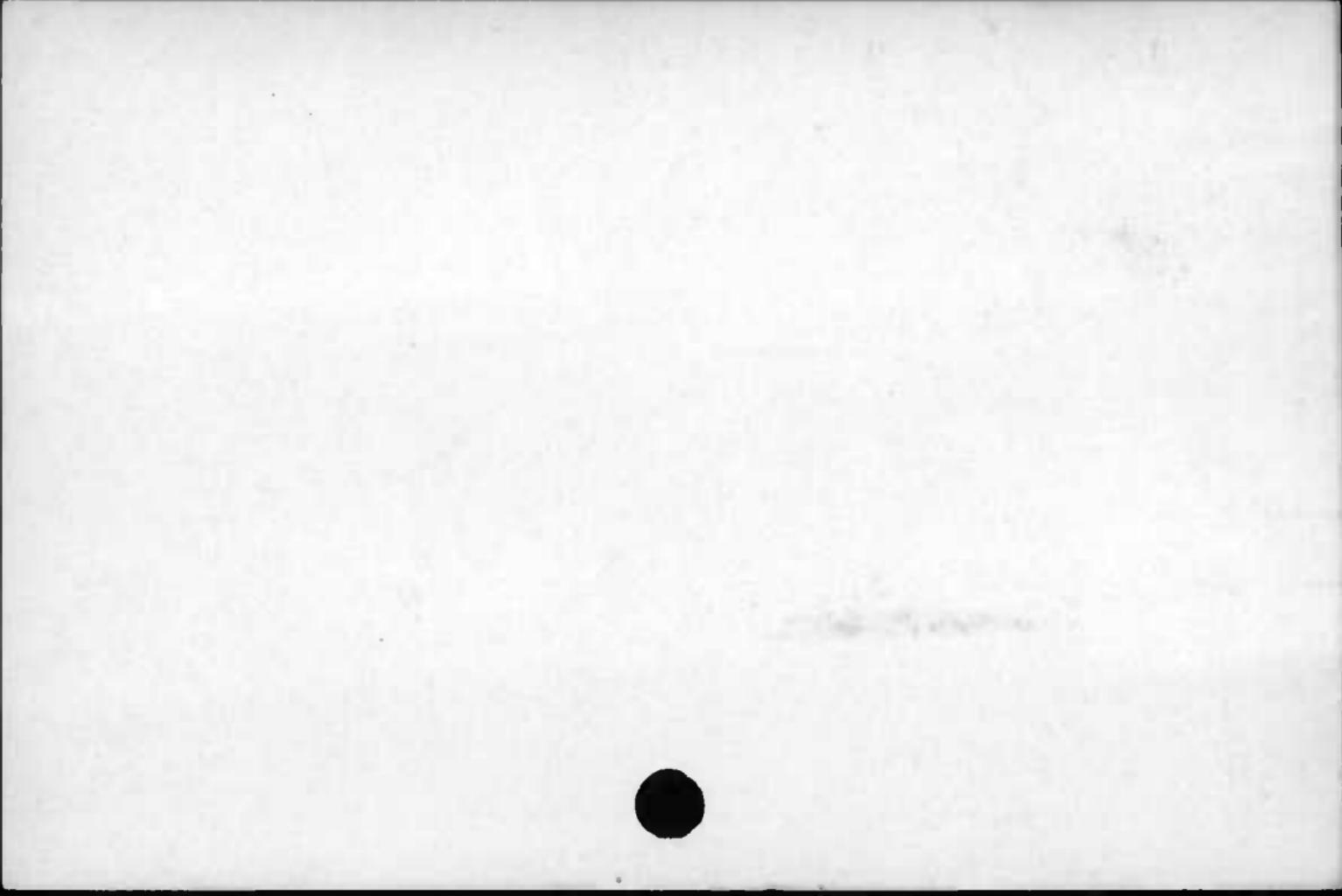
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. E. Elshisioro
Haitersburg
Md

Accident or Suicide?



Name
in
Full

John T Heffner

CERTIFICATE OF DEATH

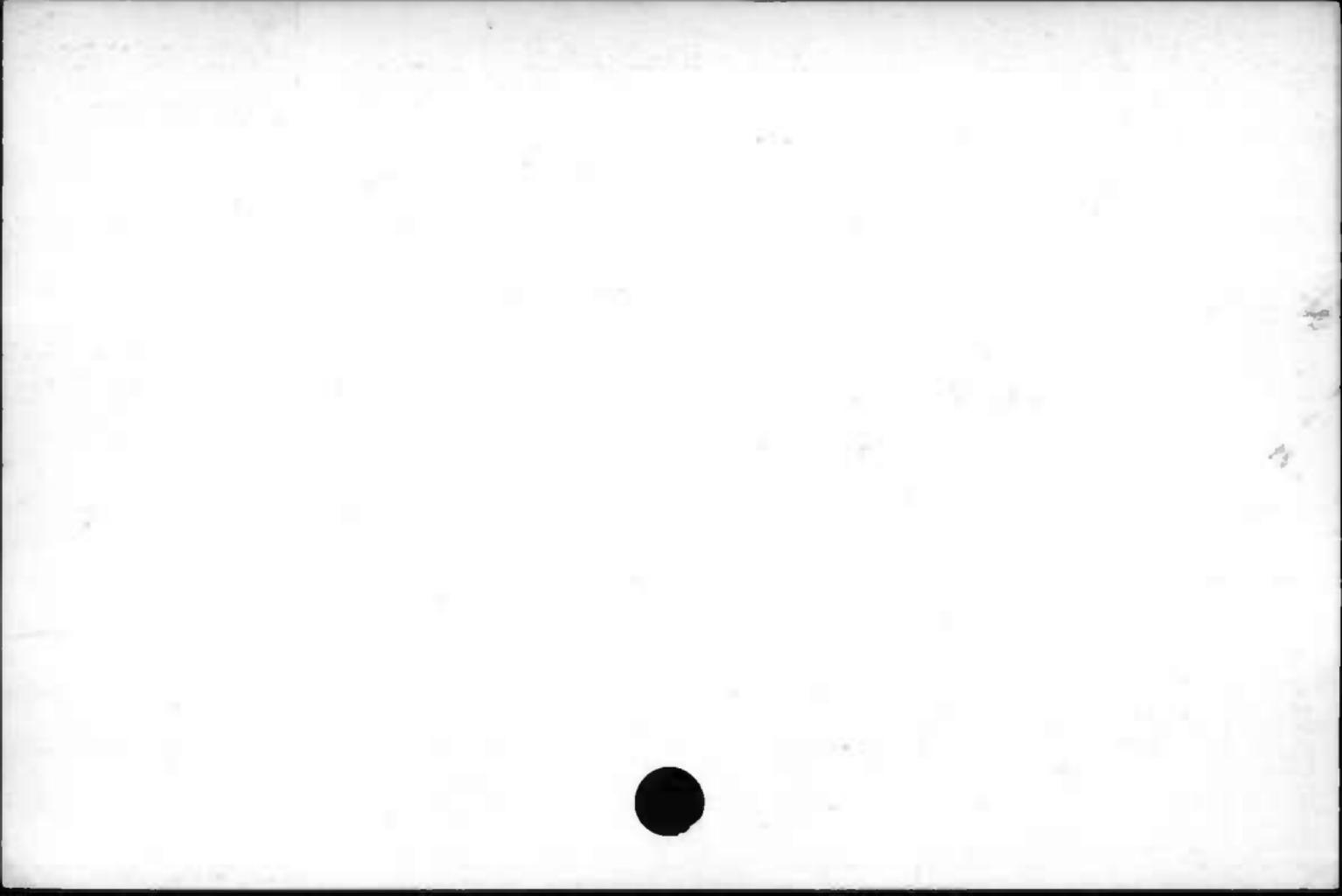
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Adelaid Wellen			
Father's Name	Mr F Brown	Father's Birthplace	Md		
Mother's Maiden Name	Frances Vincent	Mother's Birthplace	Montgomery		
Name of person giving information	Col Wilton	How related to deceased	Not related		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Brights disease		How long
Immediate	Bilateral Insufficiency		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. S. Jones
Address	Stonesbrook Maryland		
Accident or Suicide?			



Name
in
Full

Arthur N Hendricks CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Country	MARYLAND
Date of death 190	Month	Day	Years
Sex	Male	Color or Race	Age 34 Birth-place D.C.
Occupation	Civil Engineer	Where Residing if not at place of death	Arizona
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	Arthur Hendricks	Father's Birthplace	N.Y.
Mother's Maiden Name	Ida T. Moore	Mother's Birthplace	D.C.
Name of person giving Information	Arthur Hendricks Father	How related to deceased	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary

Pyrexia Fever

How long

Weeks

Immediate

Influenza

How long

5 hrs

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

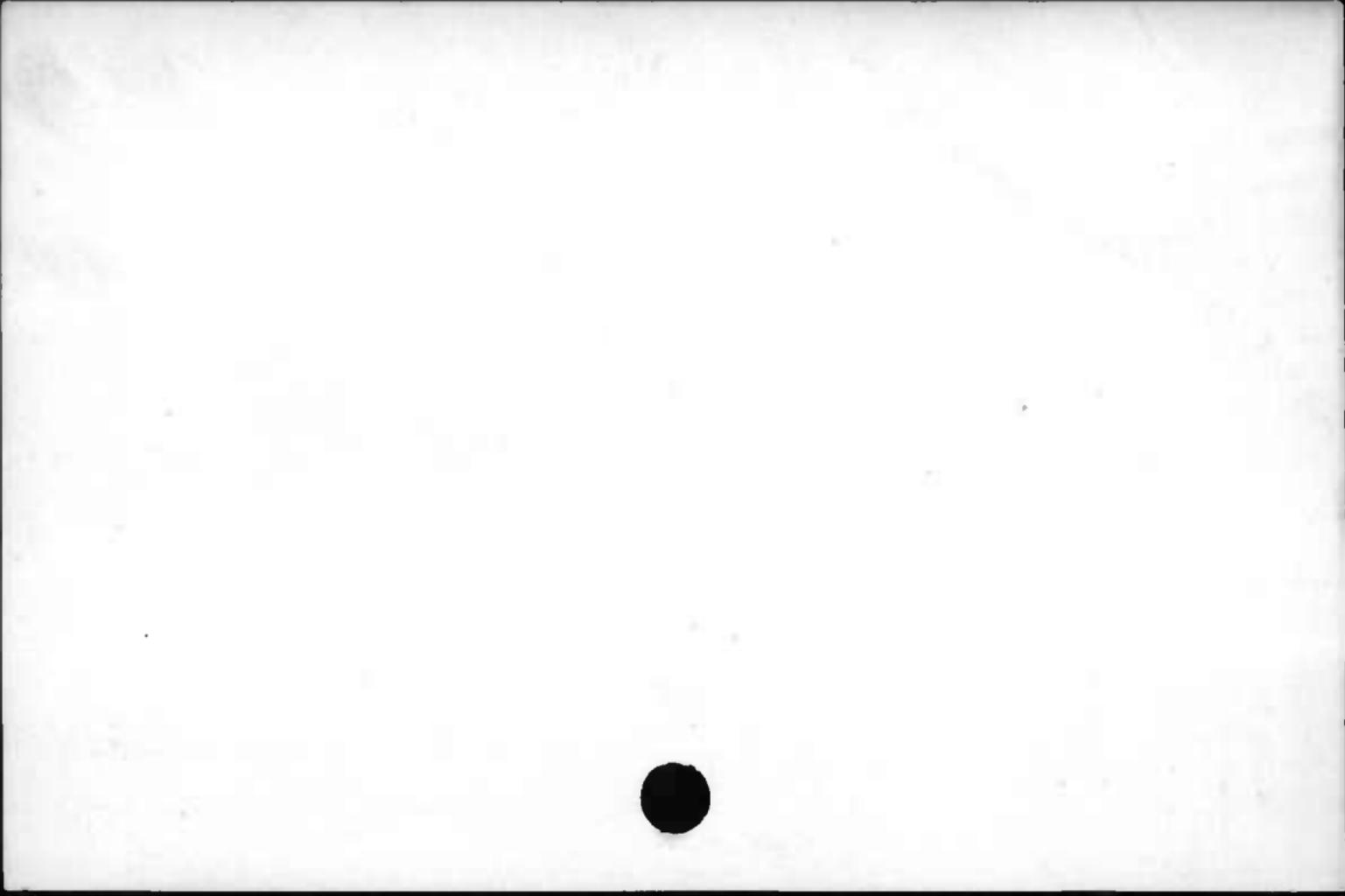
Address:

Eugene Jones

Washington

Accident or Suicide?

No

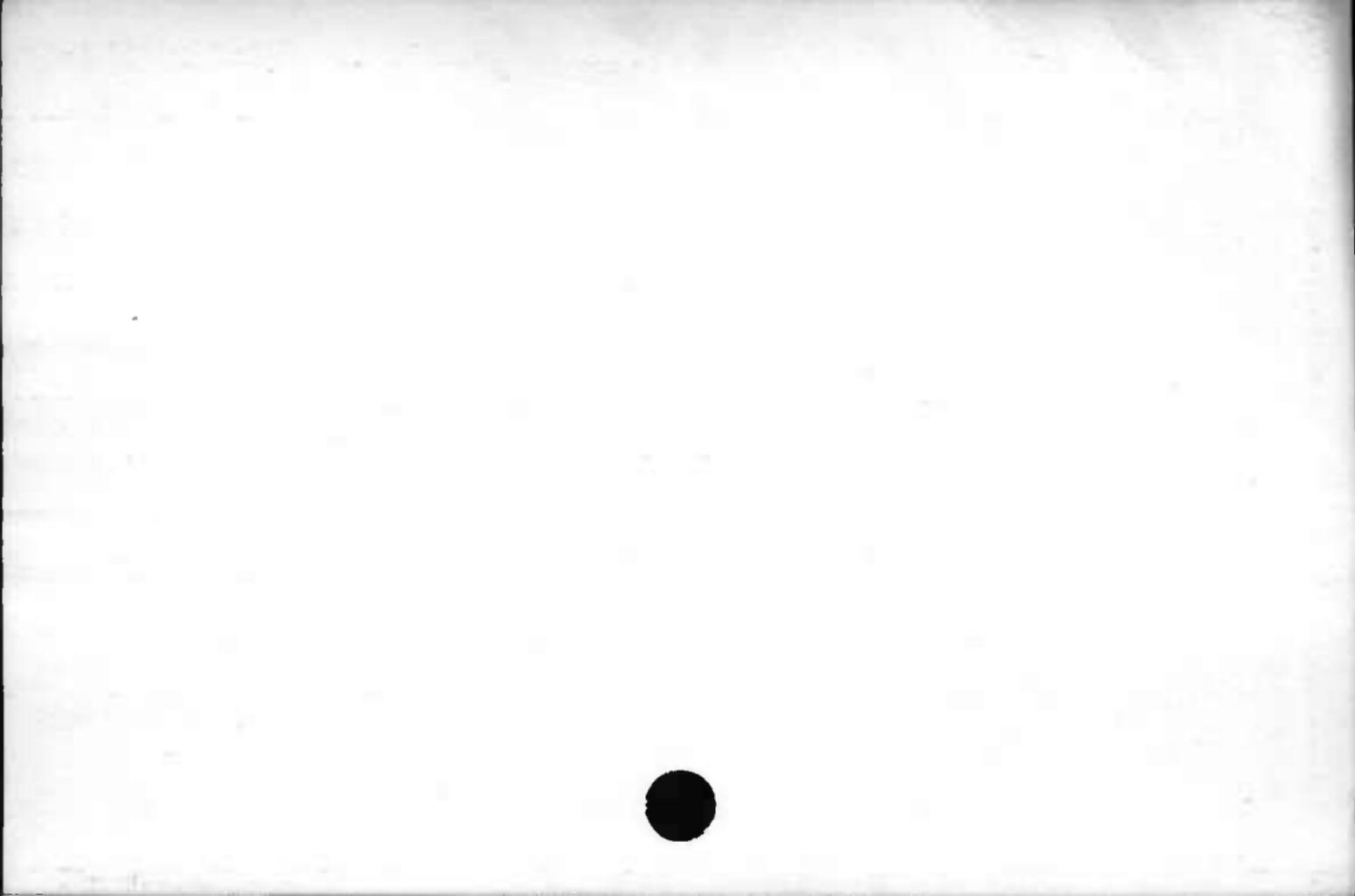


Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Glenville</u>		Town	County <u>Maryland</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>July</u>	Day <u>6</u>	Years <u>4</u>	Months <u>8</u>	Days	
Sex <u>Femail</u>	Color or Race <u>Black</u>	Birth-place <u>MD</u>				
Occupation <u>-</u>	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name <u>John Johnson</u>	Father's Birthplace <u>MD</u>					
Mother's Maiden Name <u>Amanda Johnson</u>	Mother's Birthplace <u>MD</u>					
Name of person giving information <u>Chas. Johnson</u>	How related to deceased <u>Niece</u>					
CAUSES OF DEATH						
Primary <u>Bronchitis</u>	How long <u>2 weeks</u>					
Immediate <u>suffocation</u>	How long <u>2 days</u>					
Are the name, age, sex, color, date and place correctly given above? <i>(Signature)</i>	Signature of Physician					
Address	<u>G. C. Patterson</u>					
Accident or Suicide?	<u>No</u>					



Name
In
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Sueville Johnson

Town County
Died at Edmonson County montgomery MARYLAND

Date Month Day Years Months Days
of death 1906 July 29 1 6 0

Sex Female Color or Race white Birth-place 2nd

Occupation Where Residing if not
at place of death

Married, Single
or Widowed Name of Wife or
Husband

Father's Name James Johnson

Father's Birthplace MD

Mother's Maiden Name Daisy Wilkinson

Mother's Birthplace AB

Name of person giving
Information James Johnson

How related
to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Meningitis How long 2 weeks
Immediate Convulsions 61 How long - 2 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. R. Dawson
Spencerville
Md

Accident or Suicide?



Name
in
Full

Thomas Marshall

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month 6	Day 18	Years 2	Months X	Days 4
Sex Male	Color or Race White	Occupation —	Birth- place Md		
Married, Single or Widowed —					
Name of Wife or Husband —					
Father's Name Henry M. Marshall				Father's Birthplace Va	
Mother's Maiden Name Pearl Lomax				Mother's Birthplace Tx	
Name of person giving Information Henry M. Marshall				How related to deceased Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Enter Coecitis

105

How long

1 mo

Immediate

Carbs. Meningitis

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

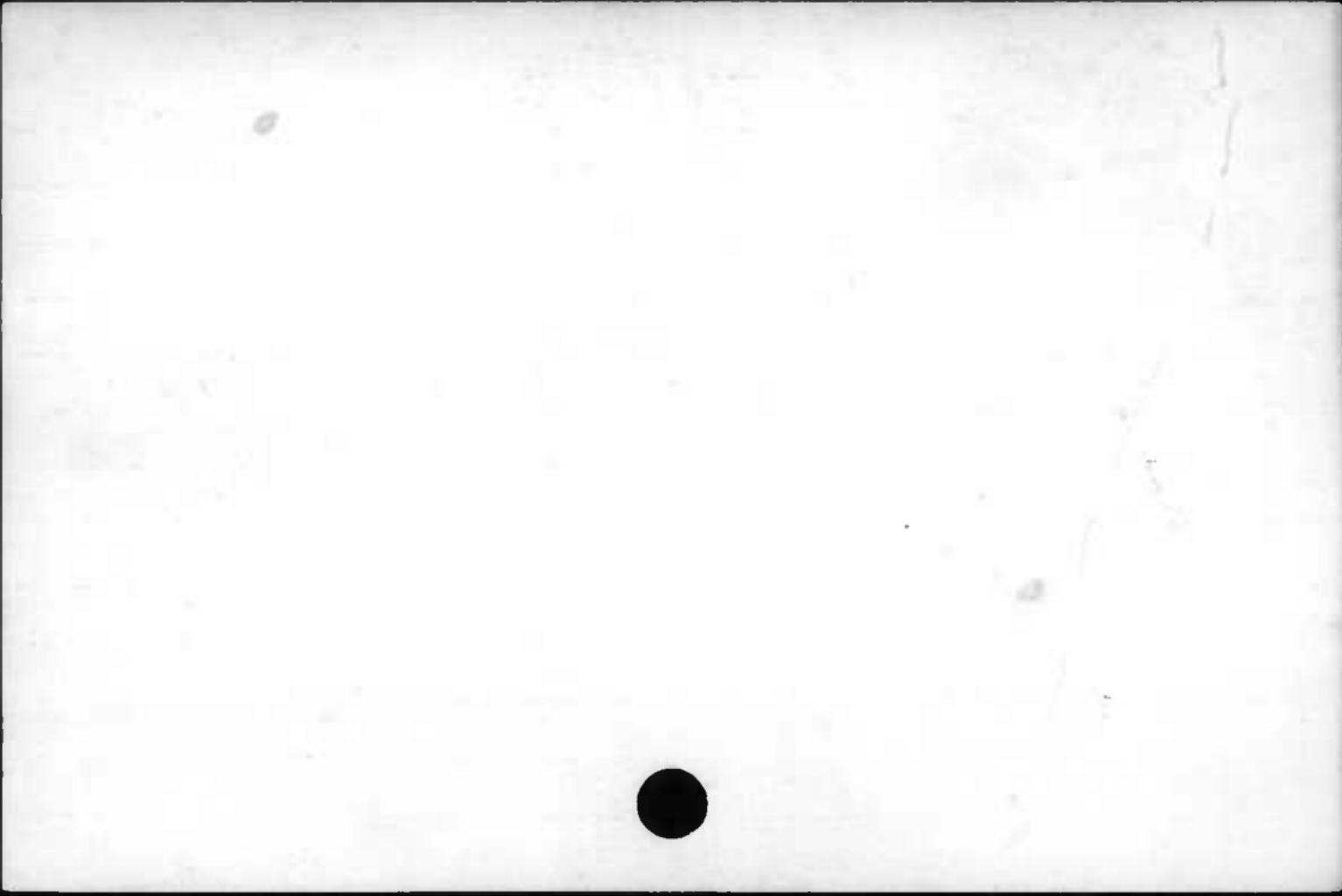
Signature of
Physician

Address

O. M. & J. Chicago

Rosedale Rd

Accident or Suicide? —



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Benjamin F. Miles

Town County

Died at Bear Branch Maryland

CERTIFICATE OF DEATH

MARYLAND

Date Month Day Years Months Days
of death 1906 July 14 31 " "

Sex Male Color or Race White Birth-place Hager Co.

Occupation Laborer Where Residing if not at place of death Bear Branch

Married, Single or Widower Name of Wife or Husband Rose Miles

Father's Name Benj. Miles Father's Birthplace Md

Mother's Maiden Name Harry Miles Mother's Birthplace

Name of person giving information Benj. Miles How related to deceased Father

CAUSES OF DEATH

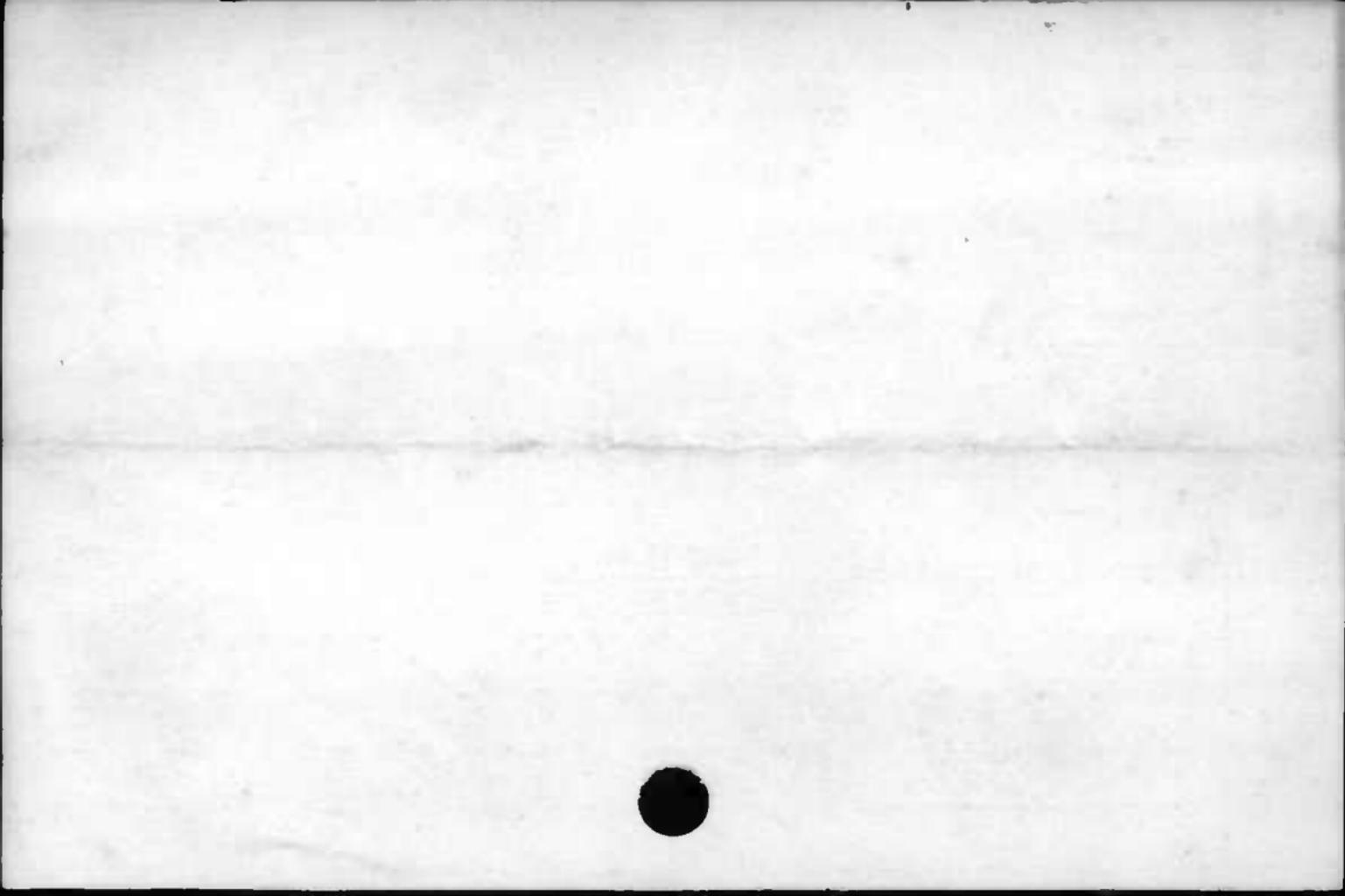
Primary Pleurisy How long about 10 days
Immediate Hemorrhage Gang 94

How long Four days

Are the name, age, sex, color, date and place correctly given above? Signature of Physician
Address

6 a. f. x.
Baltimore, Md.

Accident or Suicide?



Name in Full

Florence Moore.

Certificate of Death

Town Bethesda County Montgomery

MARYLAND

Died at

Date 1906

Month July

Day 15

Y. 3

M. 19

D.

Native of D.C.

Occupation

Male

White

Age

Married

Widow

Divorced

Female

Estimated

Single

Widower

Number of children living

Husband of

~~X~~

Wife

Father's

Unknown

Mother's Name

Name

Unknown

Cause of

Primary

Marasmus

How long sick

Lifetime.

Death

Immediate

Gastro Enteritis.

105

Accident, Suicide, Homicide

Reported by

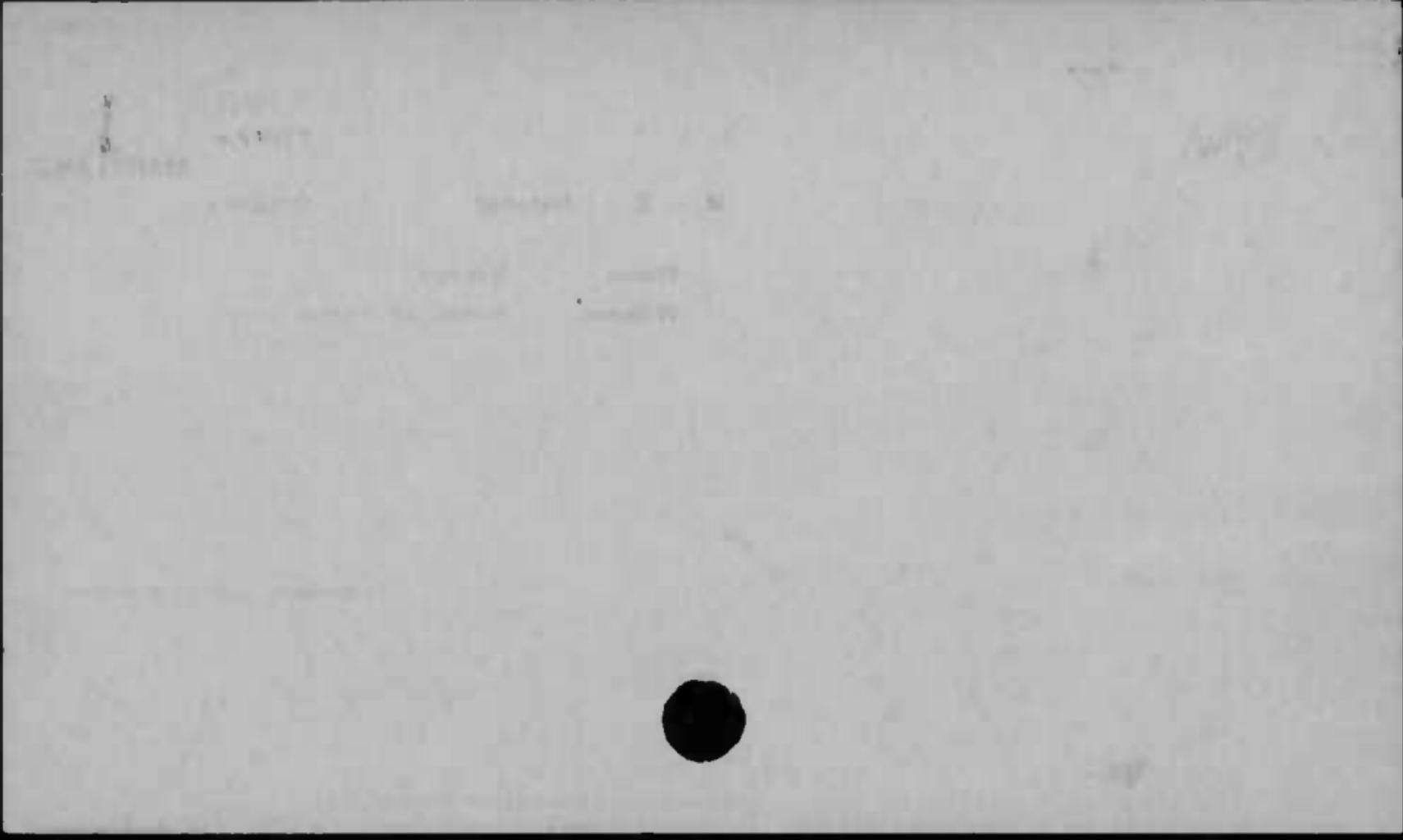
John A. Foote M.D.

Address

Foundling Home,

Bethesda, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mary hundred more

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death

1906

Month

July

Day

24

Years

1

Months

7

Days

24

Sex

Female

Color or
Race

White

Birth-
place

MD

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Kathaniel Moon

Father's
Birthplace

MD

Mother's
Maiden Name

Bellie Williams

Mother's
Birthplace

MD

Name of person giving
Information

Kathaniel Moon

How related
to deceased

Father

CAUSES OF DEATH

Primary

Chroera infantum

How long

105 weeks

Immediate

Convulsions

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

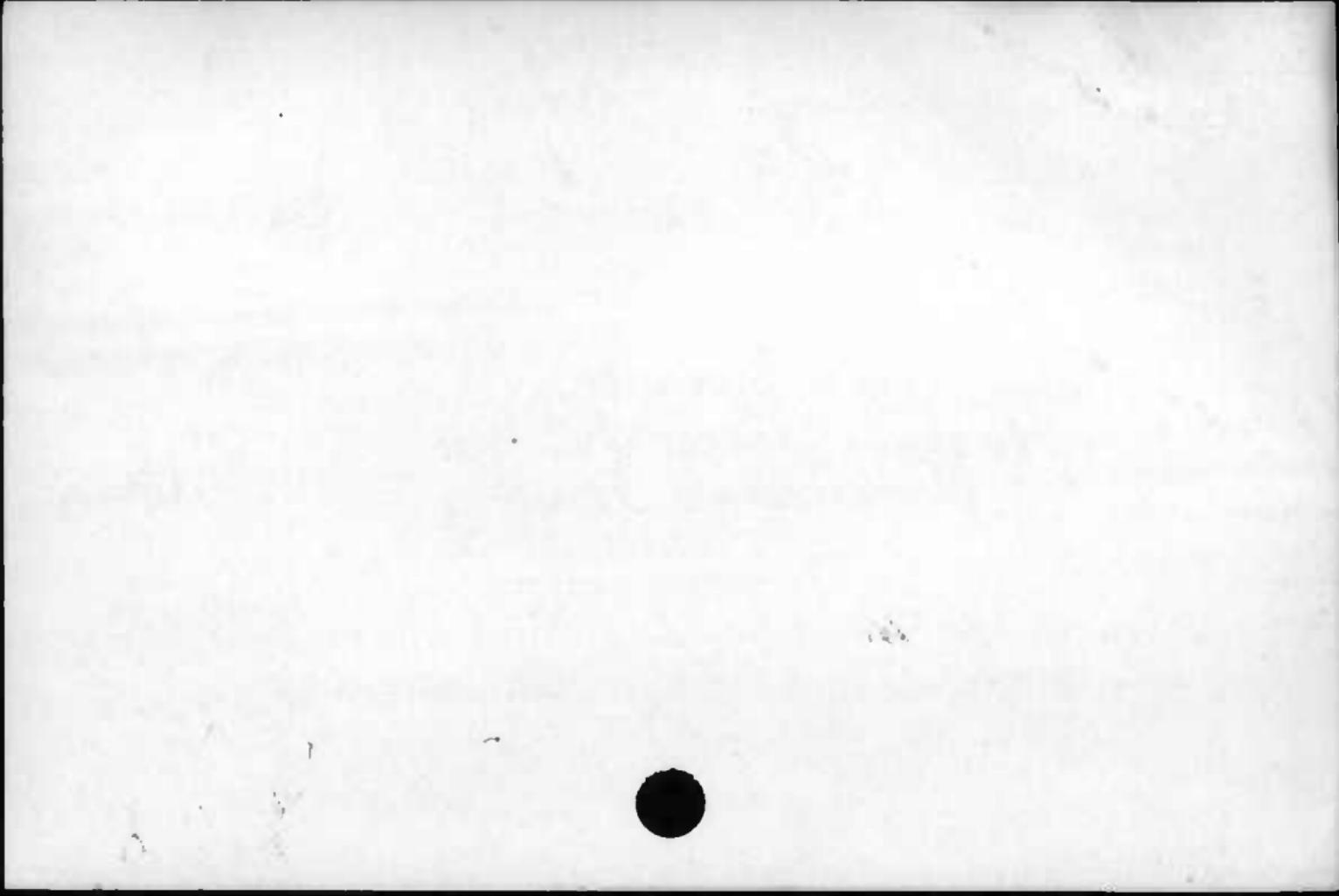
Address

J. R. Batson

Spencerville
MD

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

John McHenry Murry

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1901

7

2

1

8

8

Sex

Male

Color or
Race

colored

Birth-
place

Gaithersburg

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Columbus Murry

Father's
Birthplace

Md

Mother's
Maiden Name

Hattie Stewart

Mother's
Birthplace

" Father

Name of person giving
Information

Columbus Murry

How related
to deceased

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

measles.

How long

2 Weeks

6

Immediate

"

How long

"

Are the name, age, sex, color, date
and place correctly given above?

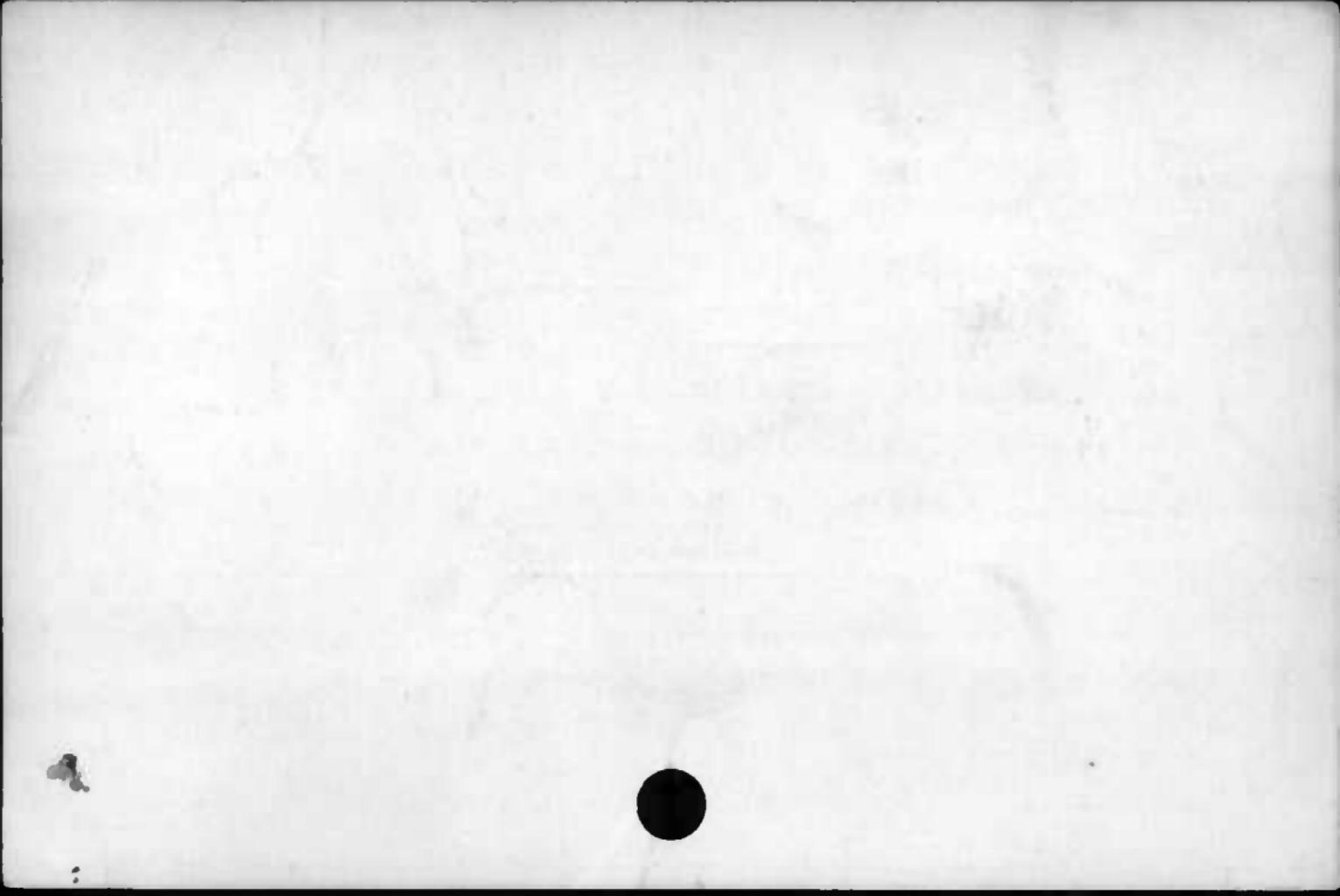
yes

Signature of
Physician

Address

6 E. Delaire
Gaithersburg
Md

Accident or Suicide?



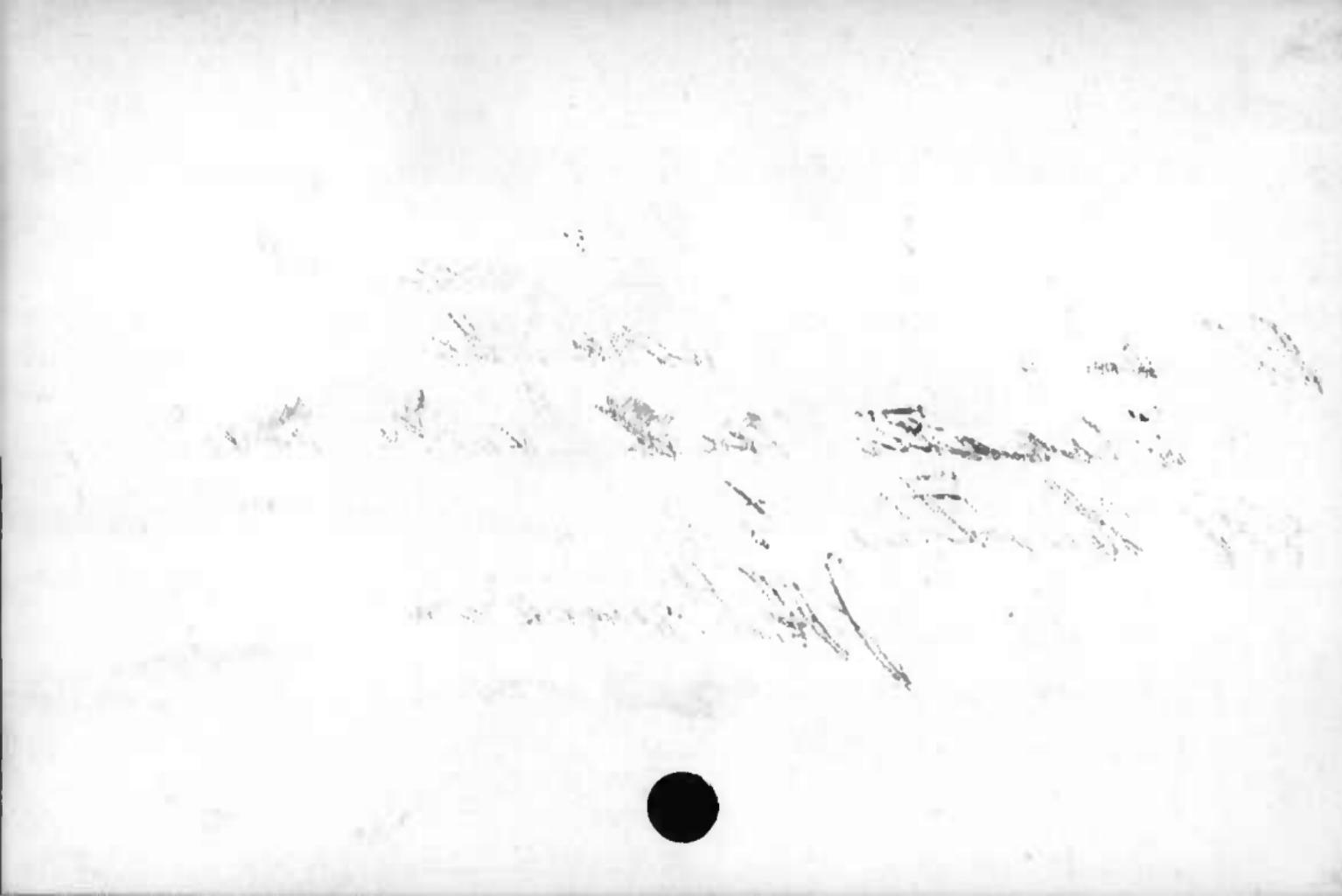
TO BE ANSWERED BY
NEAREST FRIEND

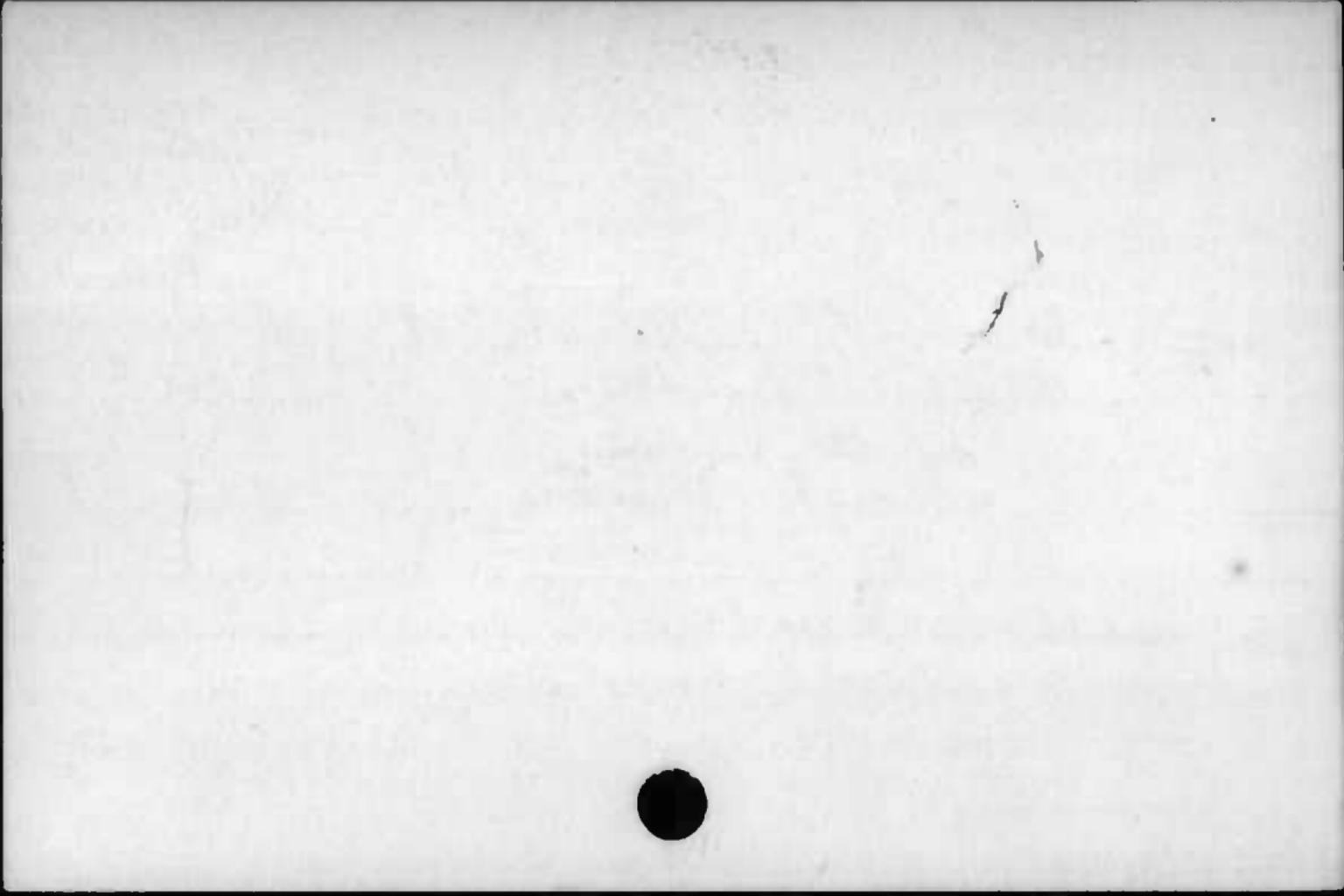
Henry Orley					County	
Died at Near Barnesville		Town	Montgomery			MARYLAND
Date of death 1904	Month July	Day 10	Age 68	Years	Months	Days
Sex Male	Color or Race Black	Birth-place Montgomery Co.				
Occupation Laborer	Where Residing if not at place of death					
Married, Single or Widowed Married	Name of Wife or Flora Orley					
Father's Name Lucas Orley	Father's Birthplace Montgomery					
Mother's Maiden Name Not Known	Mother's Birthplace -					
Name of person giving information Horger Orley	How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Mitral disease of heart	How long ten years
Immediate Mitral Insufficiency	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. H. Attwells
Barnesville	Address Maryland
Accident or Suicide?	





Katherine
Town
Chevy Chase
Died at
Date 1906 Month Aug Day 30 Age 88-6
Male White Married
Female Colored Single
County
Prescott
Burgyne
MARYLAND
Native of
Occupation
Widow Widower
Divorced
Number of children living Two

Husband of

Wife

Father's Name Hacham Robbins Mother's Maiden Name

Cause of Death Primary Senile debility

Death Immediate Exhauastion

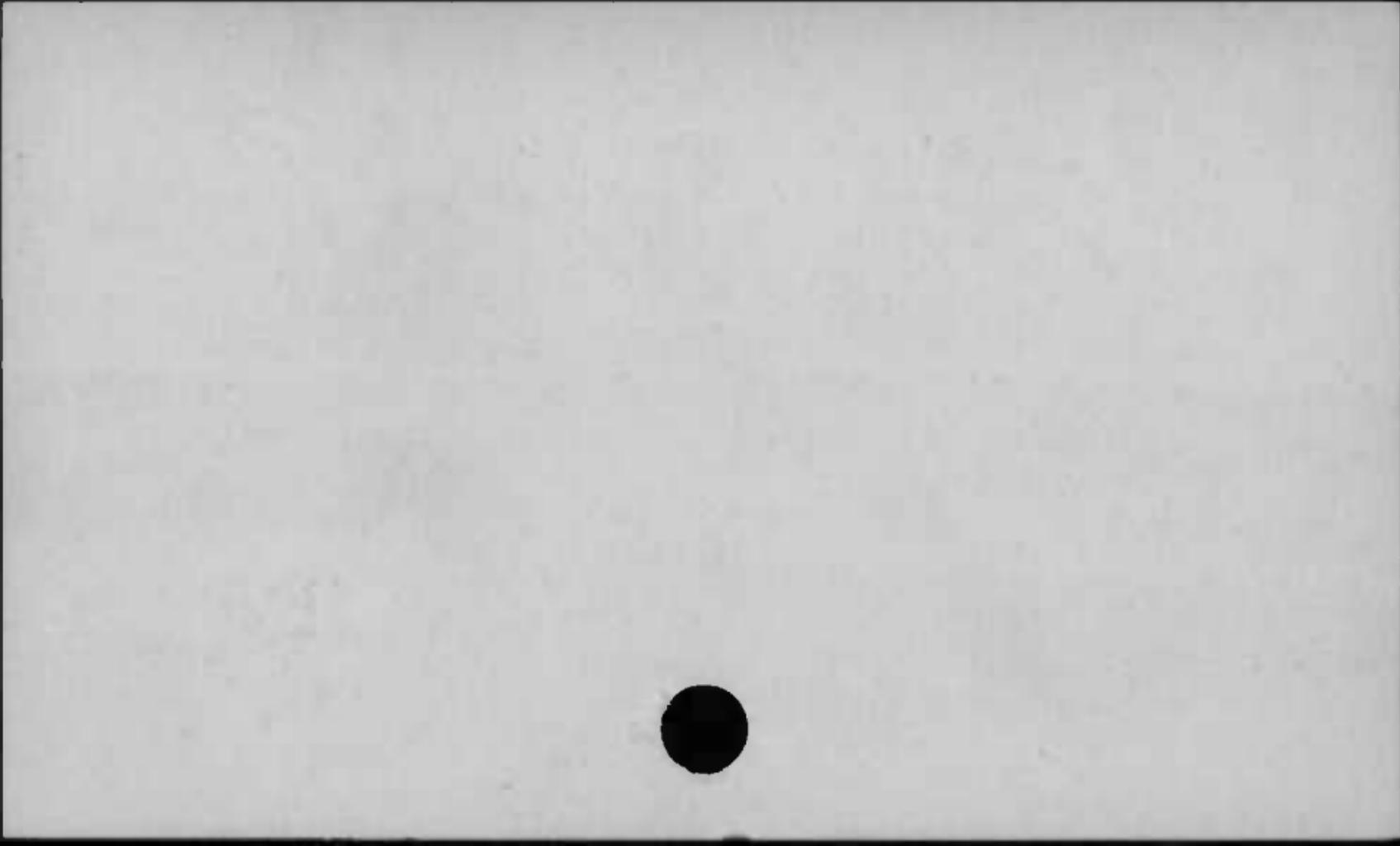
Reported by Dr. W. Deymirey M.D.

Address 12 L St. N.W.

(54)

How long sick
3 years
Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Name in Full		John Randolph		Town		County		State		MARYLAND	
Died at	Hanlan	Date of death	1906 July	Day	15	Age	27	Years	10	Months	10
Sex	Male	Color or Race	Black	Occupation	Labour	Where Residing if not at place of death	Maryland	Birth-place			
Married, Single or Widowed	Married	Name of Wife or Husband	Reverend John Randolph	Father's Name	John Randolph	Father's Birthplace	Virginia	Mother's Name	Martha Lar	Mother's Birthplace	Maryland
Mother's Maiden Name	Martha Lar	Name of person giving information	Martha Lar	How related to deceased	Wife						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

9 or months

Immediate

Asphyxia

How long

Twelve hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Wilson Jones M.D.

Burtonsville
Maryland

Accident or Suicide?

Worthy Lee

Mrs. Annie Elizabeth Rigo

Town

County

near Brookville

Montgomery

MARYLAND

Died

Month

Day

Y.

M.

D.

Native of

Date

1906

July 17th

Age

71

3

15

Montg. Co. Housewife

Occupation

State

White

Married

Widower

Divorced

Female

Colored

Single

Widower

Number of children living

8

Husband
of

Wife

Mrs. A. Rigo

Father's
Name

Enoch B. Hutton

Mother's
Name

Elizabeth Ann Hutton

Cause of

Primary

Heart failure super-

How long sick

Death

Immediate

induced by Indigestion

Accident, Suicide, Homicide,

Reported by

John T. Green, M. D.

Address

Brookville, Md.



Name
in
Full

Bernard Shaw

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Bethesda	Town	County Montgomery		MARYLAND	
Date of death 1906	Month July	Day 27	Age —	Years —	Months — Days 24
Sex Male	Color or Race white	Birth-place Unknown			
Occupation —	Where Residing If not at place of death Foundling Asylum Strat.				
Married, Single or Widowed —	Name of Wife or Husband —				
Father's Name —	Father's Birthplace —				
Mother's Maiden Name unknown	Mother's Birthplace —				
Name of person giving information Dr. John Toote	How related to deceased —				
CAUSES OF DEATH					
Primary	Marsnus			How long	From birth
Immediate	Cardiac depression			How long	Just days.
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Jno. A. Toote	
			Address	Foundling Asylum Home Bethesda Md.	
Accident or Suicide? —					

PHYSICIAN
OR CORONER

151

1906

From birth

Just days.



Name
in
Full

Thomas Rowoud Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	July	26	One	7	18
Sex	Male	Color or Race	Colored	Birth-place	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	Single	Name or Wife or Husband			
Father's Name	Thomas Smith			Father's Birthplace	Virginia
Mother's Maiden Name	Carrie Askins			Mother's Birthplace	Montgomery Co., Md.
Name of person giving Information	Thomas Smith			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Whooping Cough \$ How long One month
Immediate Pneumonia Catarrhal How long

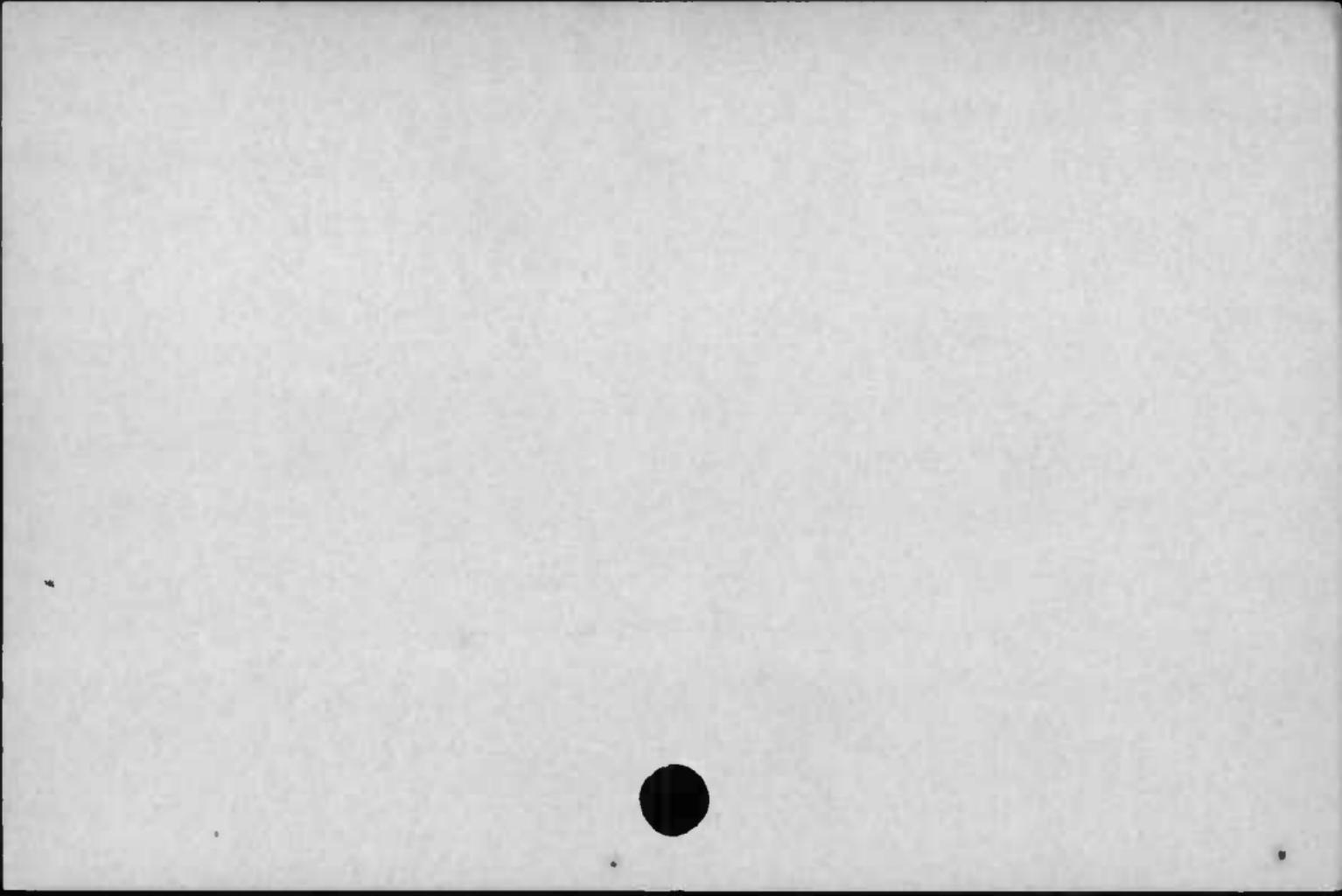
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Chas. Ferguson
Olney
Md.

Accident or Suicide?



Name
in
Full

Amanda Spring

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race		Age		Birthplace	
Occupation	Where Residing if not at place of death		<input checked="" type="checkbox"/>			
Married, Single or Widowed	Name of Wife or Husband		<input checked="" type="checkbox"/>			
Father's Name			Father's Birthplace		Md	
Mother's Maiden Name			Mother's Birthplace		Md	
Name of person giving information	W. L. Lewis		How related to deceased		None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senility

(19)

How long

1 yr

Immediate

Valvular Disease of Heart

How long

6 mos

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W. L. Lewis
Washington

Accident or Suicide?



Name
in
Full

Charles Stabbles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

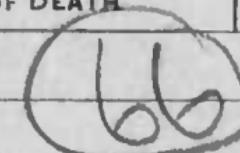
Died at ashton Town	Montgomery County			MARYLAND	
Date of death 1906	Month 7	Day 24	Years Age 78	Months 10	Days 2
Sex Male	Color or Race American white	Birth-place Montgomery Co.			
Occupation Farmer	Where Residing if not at place of death ashton				
Married, Single or Widowed	Name of Wife or Husband Sarah G Kirk				
Father's Name Calib Stabbles	Father's Birthplace Montgomery Co.				
Mother's Maiden Name Anne Moore	Mother's Birthplace Montgomery Co.				
Name of person giving information Robert H Miller	How related to deceased Son-in-law				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis



How long

2 years

Immediate

Coma.

How long

6 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

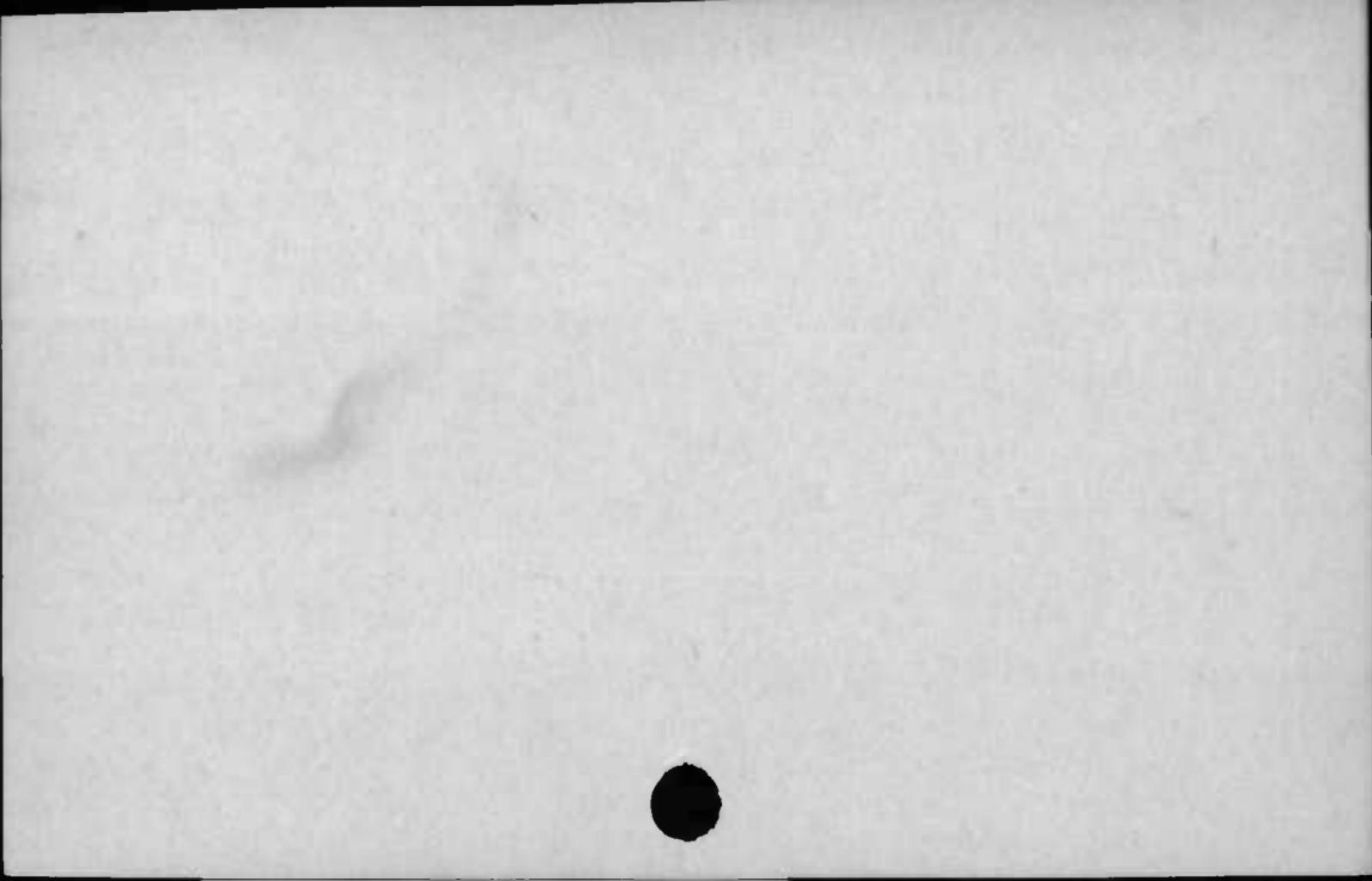
Address

Roger Brooks

Sandy Spring

MD

Accident or Suicide?



Name
in
Full

Mary A Umbaugh

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband			
Father's Name	Albert Best			Father's Birthplace	Va.
Mother's Maiden Name	Elizabeth Goodhart			Mother's Birthplace	"
Name of person giving Information	John T. Best			How related to deceased	Brother

CAUSES OF DEATH

(B)

PHYSICIAN
OR CORONER

Primary	Chronic Gastralgia		How long	Five or six years
Immediate	Cholera Morbus-Enterocolitis		How long	Four days -
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Lehal H. Neural M.D.	
		Address	Darnestown Md	
Accident or Suicide? _____				



Name
in
Full

Clara Viers

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
1906	July	33	0 8
Sex	Color or Race	Birth-place	
Female	White	Poolesville	
Occupation	Where Residing if not at place of death		
House wife	Gaithersburg		
Married, Single or Widowed	Name of Wife or Husband		
Single	Elizyha Viers		
Father's Name	Thomas Hickman	Father's Birthplace	Md
Mother's Maiden Name	Mary Trundly	Mother's Birthplace	Md
Name of person giving information	Elizyha Viers	How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gastritis

How long

1 m

Immediate

Exhaustion

How long

3 Days

Are the name, age, sex, color, date and place correctly given above?

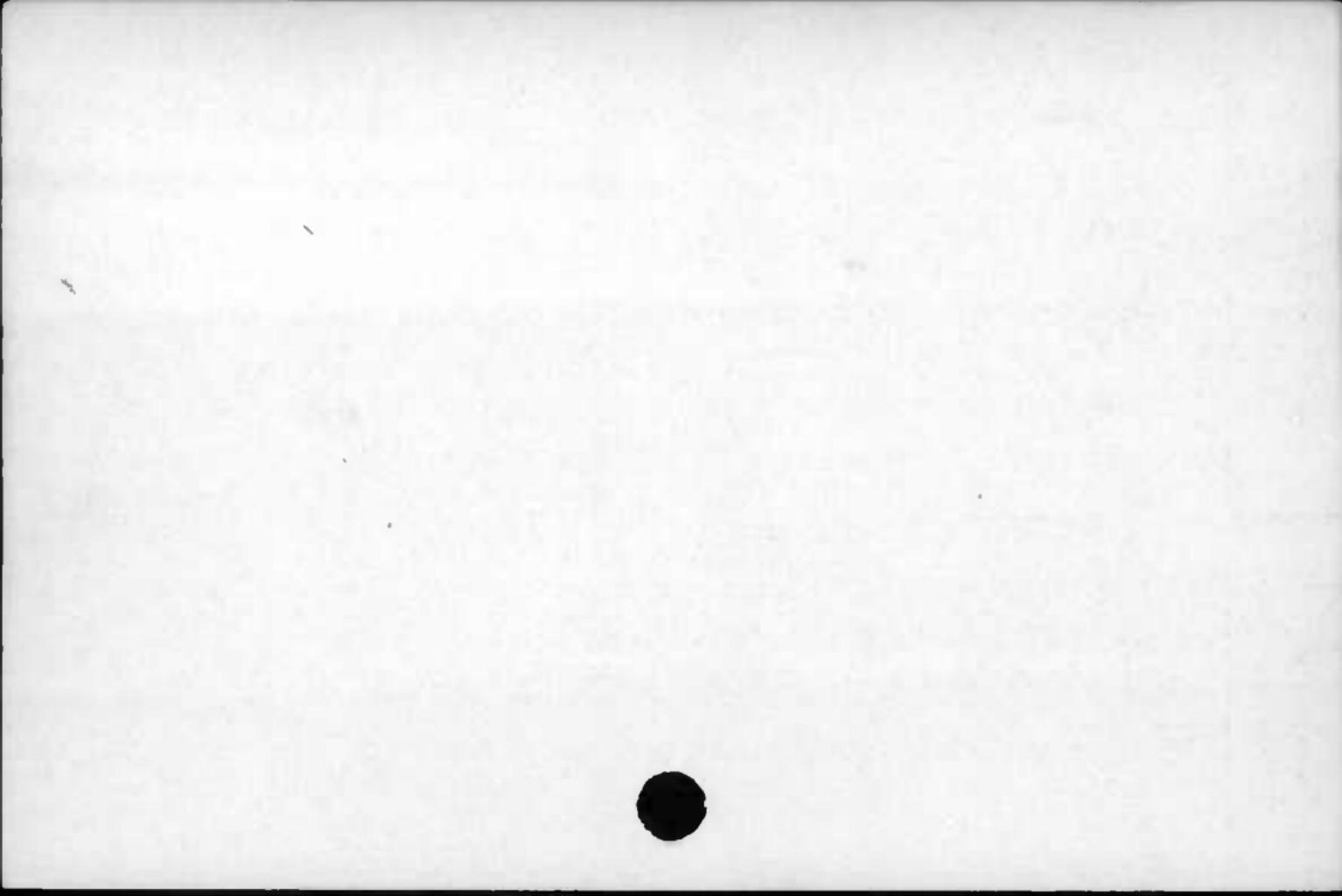
yes.

Signature of Physician

Address

Gaithersburg,
Md.

Accident or Suicide?



Name
in
Full

Victoria Worfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Rockville	Montgomery			
Date of death 190	Month 6	Day 7	Years Age 3	Months	Days
Sex	Female	Color or Race	colored	Birth- place	Died
Married, Single or Widowed	X	Occupation		X	
Name of Wife or Husband	X				
Father's Name	Andrew W. Worfield			Father's Birthplace	Xed
Mother's Maiden Name	Ella Dailey			Mother's Birthplace	Xed
Name of person giving Information	—			How related to deceased	—

CAUSES OF DEATH

Primary

Tuberculosis

(21)

How long

6 mos

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

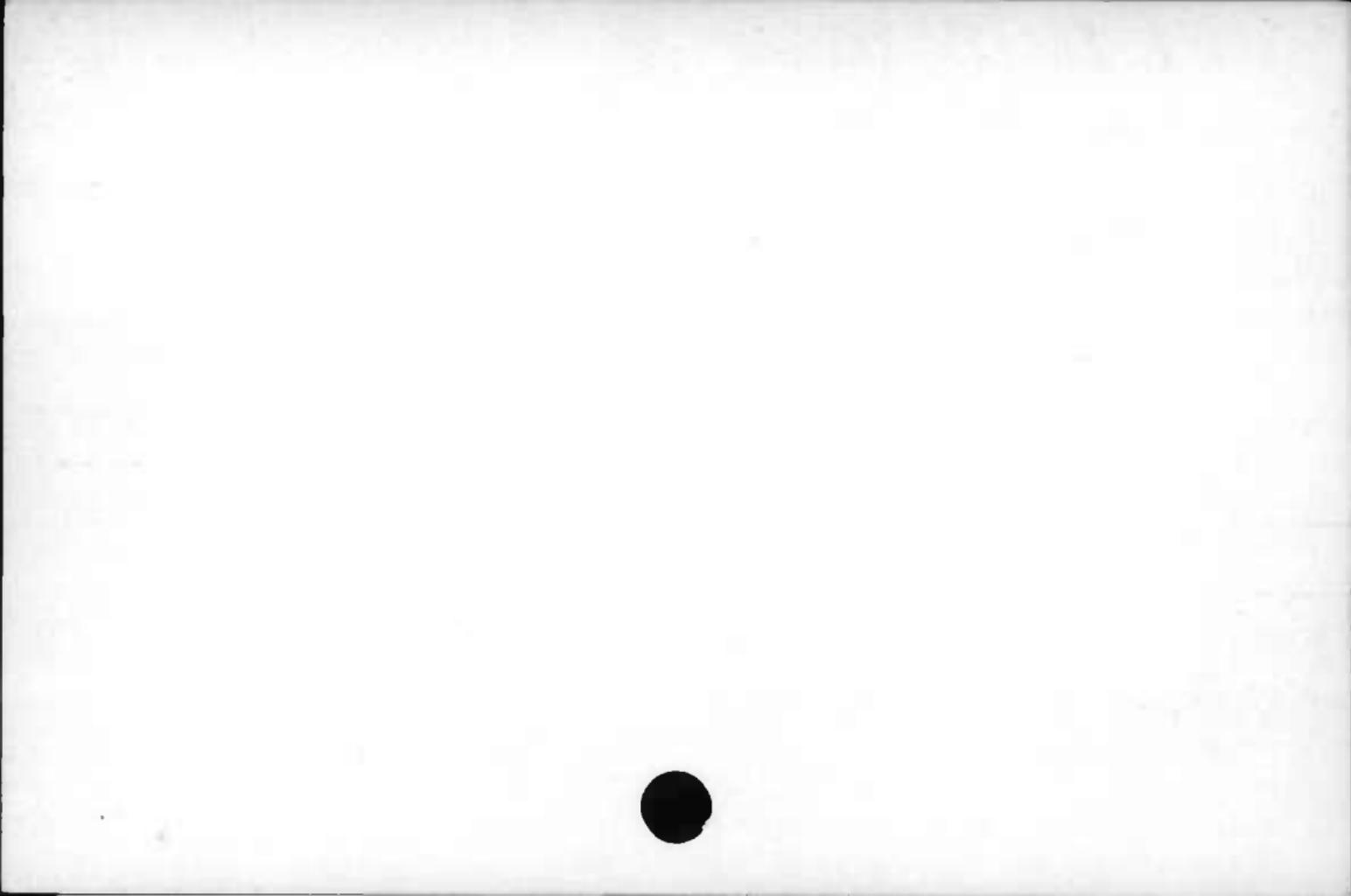
Signature of
Physician

Address

O. M. Fincham
Rockville, Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Otto Watkins

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name				Father's Birthplace
Mother's Maiden Name				Mother's Birthplace
Name of person giving information				How related to deceased
CAUSES OF DEATH				
Primary	Enteritis			How long
Immediate	Exhaustion			How long
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	
yes			Address	
			D. G. Deed Clarkbury Rd.	
Accident or Suicide?				

PHYSICIAN
OR CORONER

Primary

Enteritis

105

How long

1 week

Immediate

Exhaustion

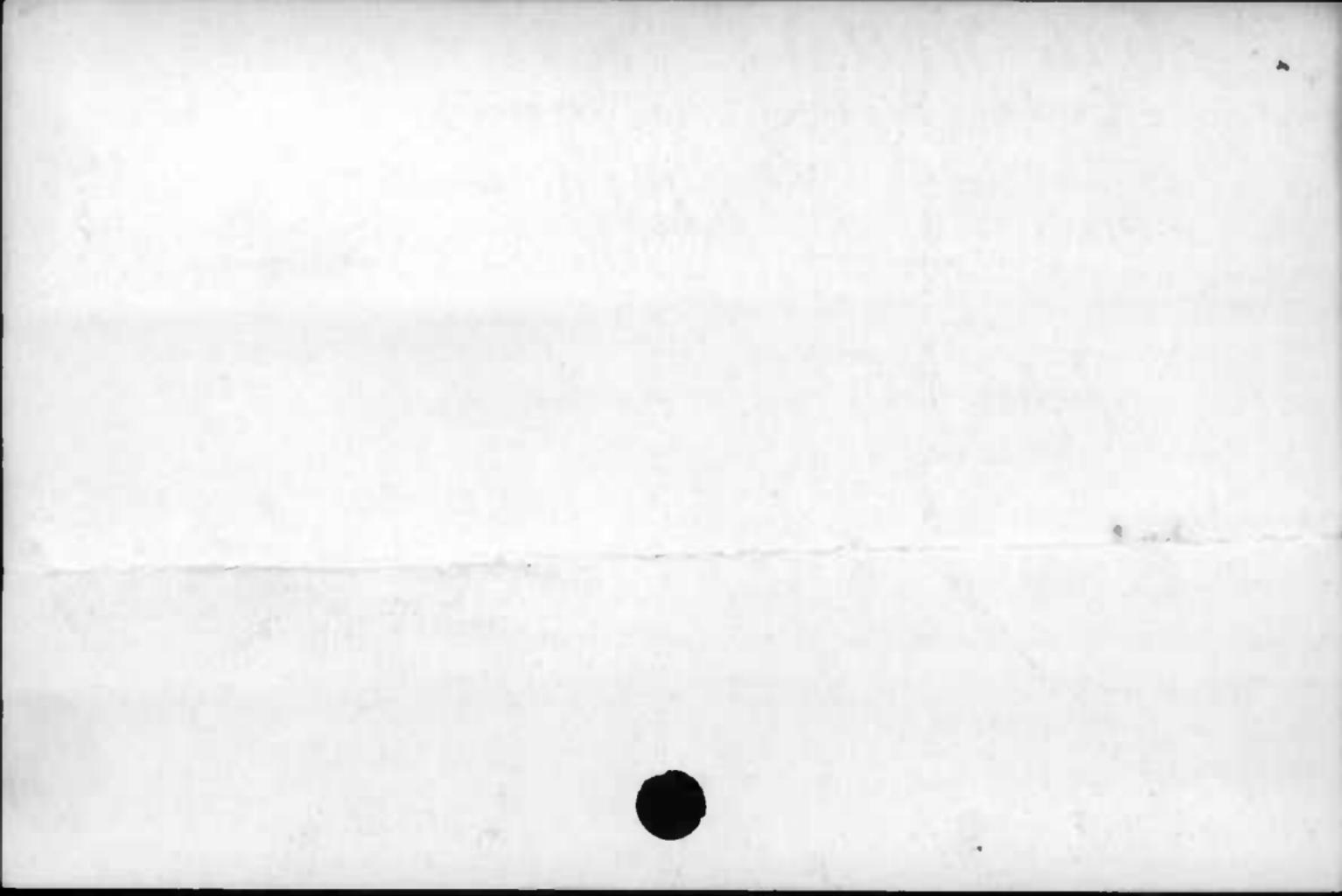
Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Eller Wood.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town Racoville	County Montgomery	MARYLAND		
Date of death 190	Month 6 July	Day 26	Year Age 2 yrs.	Months	Days
Sex Female	Color or Race Colored	Occupation Colored	Birth- place Md		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name Ed. Wood Jr.			Father's Birthplace Md		
Mother's Maiden Name Cora Johnson			Mother's Birthplace Md		
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Entered Cocaine

106

How long

2 weeks

Immediate

Ex hæmorrhage

How long

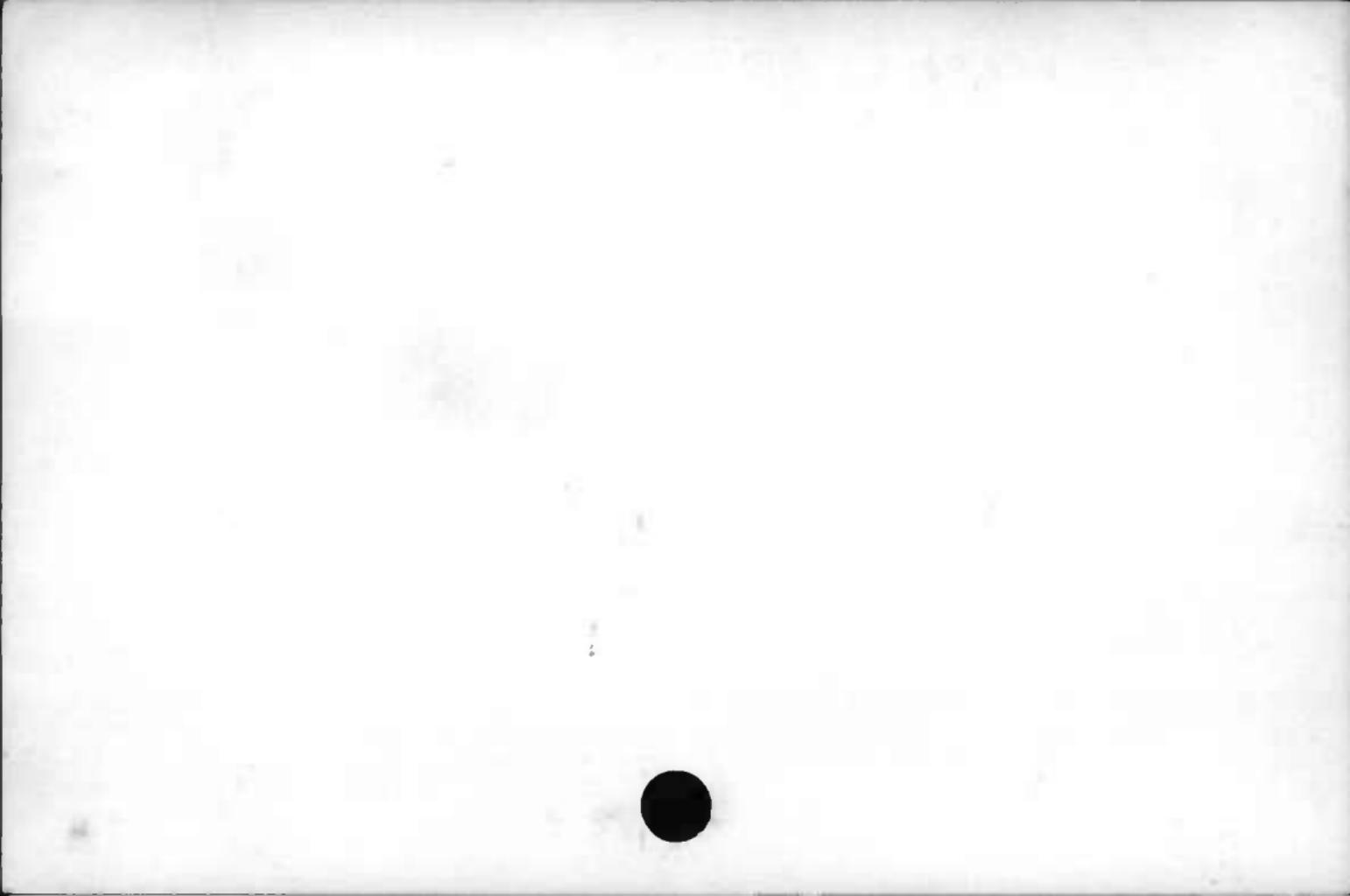
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

O. M. Furchtgott
Racoville
Md

Accident or Suicide?



Willie Woodard

Town

County

Died at

Brookville

Montgomery

MARYLAND

Died at	Month	Day	Y.	M.	D.	Native of	Occupation
Brookville	July	20	1886	10	-	Montgomery Co.	
Male	White	M	Widow				Diamond
Female	Colored	S	Widower				Number of children living

Husband
of _____

Wife

Father's
Name

Charlie Woodard

Mother's
Name

Emma Williams

Cause of
Primary Indigestible food How long sick
Death Immediate about 4 days

(TD)

Accident, Suicide, Homicide

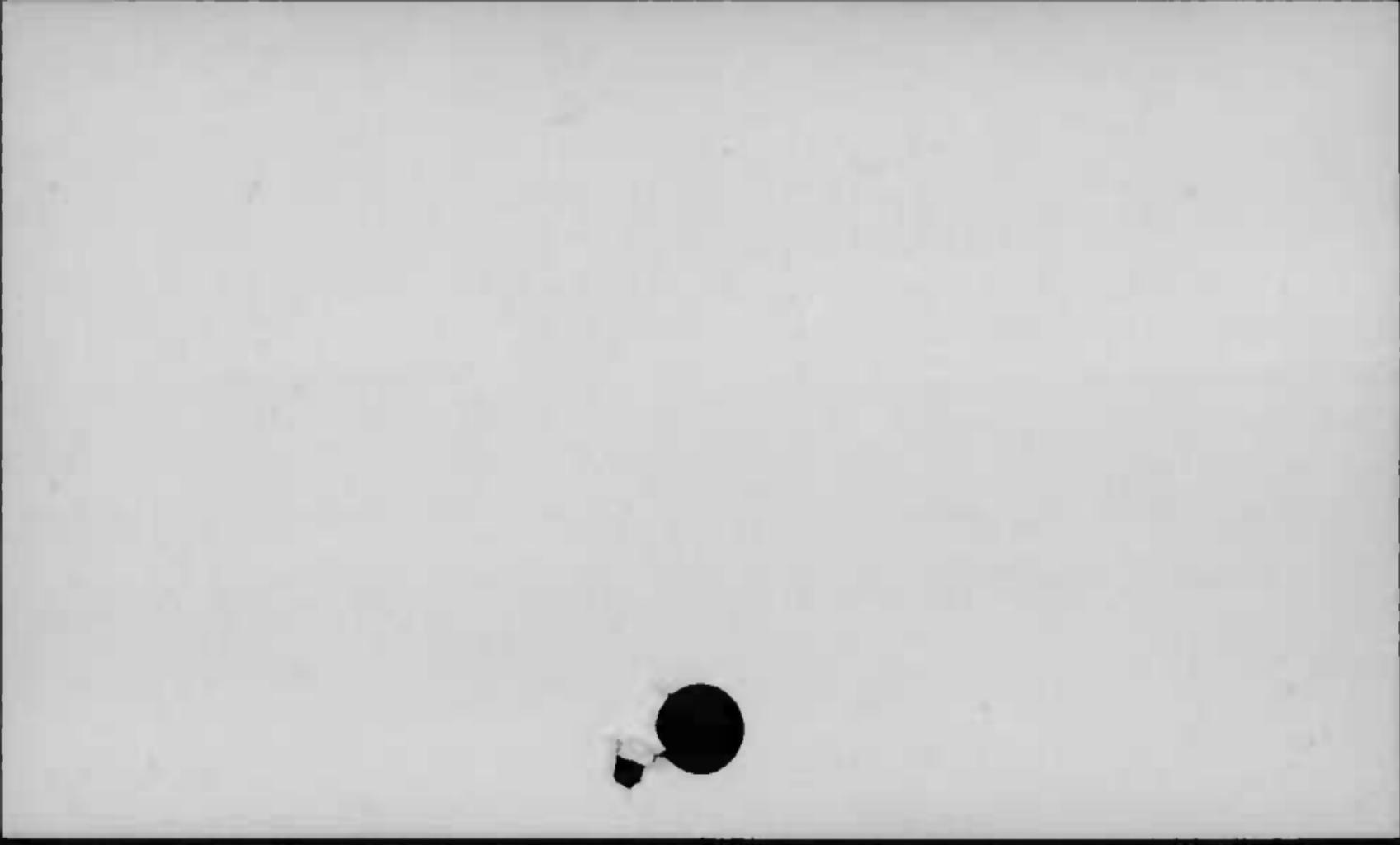
Reported by

Dr. W. F. Green,

Address

Brookville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Margaret Young

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town Portlesville	County Mont. Co	MARYLAND		
Date of death 1906	Month July	Day 1st	Years Age 74	Months 10	Days 14
Sex Occupation	feminine	Color or Race	white	Birth- place	Portlesville
			Where Residing if not at place of death		
Married, Single or Widowed	widowed	Name of Wife or Husband	Isaac Young	Father's Name	Henry Young
Father's Name	Henry Young			Father's Birthplace	Washington Co.
Mother's Maiden Name	Margaret Chismell			Mother's Birthplace	Mont. Co
Name of person giving Information	Queretta G. Clazett			How related to deceased	daughter

CAUSES OF DEATH

Primary

La-ruippe

(10)

How long

4 weeks

Immediate

acute braditis

How long

4 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

B. W. Walling
Portlesville, Md.

Accident or Suicide?

